Human Growth and Development:

A resource packet to assist school districts in program development, implementation and assessment

3rd Edition

Division for Learning Support: Equity and Advocacy

Wisconsin Department of Public Instruction
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Introduction to the Student Services/Prevention and Wellness Team's Human Growth and Development Resource Packet

The Human Growth and Development (HGD) Resource Packet was developed to help fulfill one of the recommendations from the report *Brighter Futures: The Wisconsin Plan to Prevent Adolescent Pregnancy.* The resource packet was designed to help local school districts develop, review, or address issues related to their human growth and development program. The Department of Public Instruction supports the belief that human growth and development curriculum and instruction is a community decision and is an important part of a Comprehensive School Health Program.

Wisconsin's Framework for Comprehensive School Health Programs (CSHP) includes six components that reach and meet the needs of all students in all situations throughout their school careers. These six components include a *Healthy School Environment; Curriculum, Instruction and Assessment; Pupil Services; Student Programs; Adult Programs; and Family and Community Connections.* At the center of the Framework is its primary goal of *healthy, resilient, successful learners.*

The HGD Resource Packet can be divided into five major parts: 1) a review of the state statute and ways to work with the packet; 2) information and research on teen sexual issues and behavior; 3) locally developed materials on committee work, curriculum, and communication with parents; 4) evaluation tools; and 5) key ways of gathering information on human growth and development issues. This packet can be used as part of building a multi-strategy approach to dealing with youth risk behaviors and promoting the health, well being and positive development of students.

The resource packet can serve a number of positive purposes for local school districts to enhance the development of HGD program within the *Wisconsin Framework* for CHSP. Some potential uses for the HGD Resource Packet and its relationship to comprehensive school health are:

- Reviewing content and implementation of an HGD curriculum and state statute (Curriculum, Instruction, and Assessment).
- Organizing HGD committees (Family and Community Connections).
- Surveying the community concerning HGD curriculum (Family and Community Connections).
- Presenting HGD information to school boards, students, and parents (Adult and Student Programs).
- Evaluating the components of an HGD curriculum (Curriculum, Instruction and Assessment).

- Connecting the HGD curriculum with state standards in Health Education and Family and Consumer Education (Curriculum, Instruction and Assessment).
- Communicating with the community on issues related to human growth and development (Adult Programs and Family and Community Connections).
- Providing web sites that address HGD issues (Family and Community Connections).
- Training key staff on HGD issues (Adult Programs and Pupil Services).

The materials in the resource packet were obtained in three ways: requests to local school districts for exemplary documents, Department of Public Instruction developed documents, and materials developed by organizations involved in human growth and development as part of their mission. In addition, the page on key Wisconsin contacts provides resources for school districts interested in technical assistance on human growth and development.

Content and Use of the Human Growth and Development Resource Packet

Introduction: A brief description of the purpose for the resource packet including an interactive activity titled *Human Growth and Development (HGD) Resource Packet Scenarios*

What does Wisconsin Statute 118.019 say about Human Growth and Development in Wisconsin Schools: Wisconsin Statute 118.019 encourages school districts to provide human growth and development (HGD) instruction. It lists suggested topics and outlines guidelines for local curriculum development including the composition of a local review committee. Parents are given specific rights to review curriculum and to choose not to have their children participate in part or all of HGD instruction. A new addition to this section includes Stoughton Area School District's interpretation of the various human growth and development legislative requirements.

Support Statement on Human Growth and Development Instruction: The statement on human growth and development Instruction was amended from the report entitled *Brighter Futures: The Wisconsin Plan to Prevent Adolescent Pregnancy* and provides further specificity beyond WI Statute 118.019. This report was developed by a statewide task force created to provide comprehensive recommendations to prevent adolescent pregnancy in Wisconsin. HGD instruction was recognized as a critical piece of the state's plan. Copies of the Brighter Futures report can be obtained from the Department of Health and Family Services' web site at www.dhfs.state.wi.us/children/pregnancyplan/index.htm. The statement on human growth and development instruction can be shared with staff and HGD committees to provide a state perspective on HGD instruction.

Introductory Quiz on Teen Sexuality Issues and Behaviors as well as a New HIV/AIDS/STD Quiz: The 10-question teen sexuality quiz and the 9-question HIV/STD quiz can be used as an introduction to teen sexuality issues and behaviors in a staff in-service, a parent education presentation, or as an introduction to a high school class where follow-up discussion can deal with the normative behaviors presented in the quiz.

Research Findings on the Impact of Human Growth and Development Instruction: This section reviews what research says about comprehensive school health programs, the characteristics of best practices in curriculum and instruction from *The Power of Teaching* and specific findings with respect to research in human growth and development update. In addition, a document titled *Common Characteristics of Effective Curricula*, focusing on the components of quality prevention programming and prevention initiatives is included in this section.

A Brief Overview of Wisconsin Teens' Sexual Behavior: The two-page document can be used as a handout during parent and staff presentations. It can also be used in high school health education classes as a way of showing normative behaviors with respect to adolescent sexual behavior.

Human Growth and Development Advisory Committee: These materials can be used to help organize the make-up of the committee and provide techniques which can be used to recruit the committee, determine the range of views within the community, and help the committee obtain community input before finalizing its recommendations to the school board. This section also includes a policy page on Opting Out of human growth and development units or parts of units.

Sample Materials to Help Organize a Human Growth and Development Committee are Included in the Packet.

(a) Oconomowoc: a sample of the ways the school recruited its membership.
(b) Eau Claire: a sample of the ways their committee operates and the issues their district addresses.

Parent Survey: This document could be used to survey parents about what should be taught in HGD, when it should be taught (if at all), and if there are topics that need to be added. School districts can add topics to this list if their committee wants to get community input on a particular topic area.

Curriculum Scope and Sequence: Many districts have developed a local HGD scope and sequence curriculum. A few of the school districts surveyed said they had a comprehensive K-12 HGD curriculum. This section can be used to provide ideas of what a comprehensive curriculum may look like, as well as in curriculum development.

Human Growth and Development Connections with the State Standards in Family and Consumer Education and Health Education: These documents contain examples of how comprehensive HGD instruction can be a part of meeting the standards in these primary instructional areas. These documents could be used by directors of curriculum and instruction and health coordinators reviewing their own HGD curriculum and connecting the state standards in family and consumer education and health education to their existing program. The Stoughton Area Public Schools' document shows the relationship of the Wisconsin model academic standards in health education with a sampling of the Stoughton human growth and development objectives.

Special Populations: The first of two documents provide tips to educators and parents on addressing HGD with a child who has developmental disabilities. The last two documents address cultural competency and HGD education.

Evaluation Tool: This section contains a tool for measuring the effectiveness of a human growth and development curriculum based on the research principles presented in the DPI document, *The Power of Teaching.* This evaluation tool can be used to look at the goals and objectives of a curriculum, the characteristics of effective curriculum and instruction, whether the curriculum meets these characteristics, and the effectiveness of building bridges to the community in the acceptance of the curriculum. In addition, your school can evaluate packaged curricula using this document.

School Policies Related to Human Growth and Development: This section consists of three documents that will assist in the development and review of school policies related to HIV/AIDS and other communicable diseases.

Effective Communication with Parents and the Community: This section can be used to incorporate ideas for effectively reaching parents with HGD information.

Sample Communication Pieces are Included in the Packet.

- **(a)** **Stoughton:** In this 1999 update, a sample of the grade-level brochure that is sent to parents is included as is a Description of Available Library materials.
- **(b)** **Wausau:** communication document for educating the Hmong community about the human growth and development units of instruction beginning in their schools.
- **(c)** **Oshkosh:** a letter to parents making them aware of the viewing times for HGD program videos on the local access cable channel.
- **(d)** **Marshfield:** handbook to inform parents on the district's HGD unit for 4th-6th grades.

Parent-Child Communication: This section is designed to help parents communicate with their children about HGD issues. Provided is a sample brochure on *Sexual Harassment* by the Wisconsin Coalition Against Sexual Assault. Hmong and Hispanic versions of the *Sexual Harassment* document are available. To help parents talk more effectively about important issues like sex and pregnancy, the National Campaign has assembled a list of resources for parents.

Web Resources on Sexuality and HIV/AIDS Education: This summary provides a list of web sites parents and educators can explore to increase their knowledge about sexuality issues or improve communication with their children about sexuality and HIV/AIDS education. This section could be used as a handout during a HGD

parent night or sent along with a letter to parents informing them of the upcoming preview night.

Wisconsin Contacts on Human Growth and Development: This sheet provides a list of key people in the Department of Public Instruction, the Department of Health and Family Services, and the Adolescent Pregnancy Prevention and Pregnancy Services Board who can provide technical assistance with your questions related to HGD.

Human Growth and Development (HGD)
Resource Packet Scenarios

Your tasks are to read the scenarios based on the realistic encounters of a fictitious HGD committee and to write down where (in the HGD Resource packet) someone could find the information needed to address the problem.

1. Sam Soldi, Curriculum Director at Westville school district, wants to expand the district human growth and development committee from 8 to 20 members. What document(s) would be helpful in developing this committee?

2. Walter White, a clergyman and new member of the committee, wants to see if HGD instruction has an impact on the HIV/AIDS rates among teens. What document and research paper might he use to get that information?

3. Bill Boldig, a long-time committee member, is up in arms because the school district has no effective parent survey instrument. Where in the document can he find one, and what topics would you recommend he add based on YOUR school district HGD history?

4. Erica Ennis, principal of Westville High, was asked to make a presentation to the local PTA on the state HGD statute, creative ways of communicating sensitive issues with the community, and statistics surrounding teen pregnancy. Where could she find that information in the resource packet? In addition, she would like to hand out a document on improving communication between parents and teens. Which one should she choose and why?

5. Mary Masterson, a high school member of the HGD committee, is doing a research project on sensitive subjects in HGD curriculum and how schools handle these subjects. Where can she find information on how such schools handle this information?

6. Paula Podeia has come to a committee meeting to express her concerns about the contraceptive unit her 9th grade son just received. The committee decided to look at how other committees handle outside concerns within the meeting. Where in the document does it address controversy in the community?

7. Thomas Tittle wants to communicate with some of the national HGD groups on what he believes to be the most critical HGD issues that should be in a HGD curriculum. List two of these groups and where you can communicate with them.

8. Veronica Voila thinks the committee should get some technical assistance on evaluating their HGD curriculum. Principal Ennis thought it would be of help to whoever is contacted to do a self-evaluation first and then discuss the evaluation of their HGD curriculum. Where can they find an evaluation tool and who could they contact?

9. Art Allen was pleased with the HGD meeting but wants to set up standards for future membership and standards for the committee. Where can he go in the packet to find information on committee functions and standards?

Answers to the HGD Resource Packet Scenarios

1. Look up the Oconomowoc document for ideas on forming groups and recruitment. The information on Eau Claire's committee is also very helpful.

2. Either research document in the resource packet, but the references from No Easy Answers and Emerging Answers refer directly to the impact instruction can have on condom use and lowering HIV/AIDS infection.

3. There is a parent survey in the resource packet. The second part is your own topics based on your school district curriculum or issues your HGD committee wants to address.

4. The first part addresses the statute. Reference to Oshkosh, Stoughton, Waukesha, and Marshfield for communication tools could be addressed. The Oconomowoc curriculum could provide information on how it handles sensitive topics. The teen sexual behavior section will address statistics on teen pregnancy.

5. Oconomowoc has a section in their curriculum on how to handle sensitive topics.

6. The National School Board Association developed an issue brief on Controversy and Pressure Groups.

7. You could communicate by the Internet with the Campaign for our Children and Children Now as two possible examples. There are a number of others that you could address through the Internet.

8. There is a survey instrument in the resource packet to help a district evaluate their HGD curriculum. The Department of Public Instruction is willing to discuss the survey evaluation should anyone have questions.

9. Eau Claire has developed guidelines that will assist a committee on establishing functions and standards.

Updated 99–00 Wis. Stats. Database GENERAL SCHOOL OPERATIONS

UNOFFICIAL TEXT **See printed 99–00 Statutes and 2001 Wis. Acts for official text under s. 35.18(2) stats.**

118.019 Human growth and development instruction. (1) PURPOSE. The purpose of this section is to encourage all school boards to make available to pupils instruction in topics related to human growth and development in order to promote accurate and comprehensive knowledge in this area and responsible decision making and to support and enhance the efforts of parents to provide moral guidance to their children.

(2) SUBJECTS. A school board may provide an instructional program in human growth and development in grades kindergarten to 12. If provided, the program shall offer information and instruction appropriate to each grade level and the age and level of maturity of the pupils. Except as provided in sub.(2m), the program may include instruction in any of the following areas:

NOTE: Sub.(2)(intro.) is shown as amended eff. 9-1-02 by 2001 Wis. Act 16. Prior to 9-1-02 it reads:

(2) SUBJECTS. A school board may provide an instructional program in human growth and development in grades kindgergarten to 12. If provided, the program shall offer information and instruction appropriate to each grade level and the age and level of maturity of the pupils. The program may include instruction in any of the following areas:

(a) Self–esteem, responsible decision making and personal responsibility.

(b) Interpersonal relationships.

(c) Discouragement of adolescent sexual activity.

(d) Family life and skills required of a parent.

(e) Human sexuality; reproduction; family planning, as defined in s. 253.07(1)(a), including natural family planning; human immunodeficiency virus and acquired immunodeficiency syndrome; prenatal development; childbirth; adoption; available prenatal and postnatal support; and male and female responsibility.

NOTE: Par. (e) is shown as amended eff. 9-1-02 by 2001 Wis. Act 16. Prior to 9-1-02 it reads:

(e) Human sexuality; reproduction; family planning, as defined in s. 253.07(1)(a), including natural family planning; human immunodeficiency virus and acquired immunodeficiency syndrome; prenatal development; childbirth; adoption; available prenatal and postnatal support; and male responsibility.

(f) Sex stereotypes and protective behavior.

(2m) MARRIAGE AND PARENTAL RESPONSIBILITY. If a school board provides instruction in any of the areas under sub. (2)(e), the school board shall also provide instruction in marriage and parental responsibility.

NOTE: Sub. (2m) is created eff. 9-1-02 by 2001 Wis. Act 16.

(3) DISTRIBUTION OF CURRICULUM TO PARENTS. Each school board that provides an instructional program in human growth and development shall annually provide the parents of each pupil enrolled in the school district with an outline of the human growth and development curriculum used in the pupil's grade level and information regarding how the parent may inspect the complete curriculum and instructional materials. The school board shall make the complete human growth and development curriculum and

all instructional materials available upon request for inspection at any time, including prior to their use in the classroom.

(4) EXEMPTION FOR INDIVIDUAL PUPILS. No pupil may be required to take instruction in human growth and development or in the specific subjects under sub. (2) if the pupil's parent files with the teacher or school principal a written request that the pupil be exempted.

(5) ADVISORY COMMITTEE. In any school district that offers a human growth and development curriculum, the school board shall appoint an advisory committee composed of parents, teachers, school administrators, pupils, health care professionals, members of the clergy and other residents of the school district. The advisory committee shall develop the human growth and development curriculum and advise the school board on the design, review and implementation of the advisory committee's human growth and development curriculum. The advisory committee shall review the curriculum at least every 3 years.

History: 1985 a. 56; 1987 a. 399; 1989 a. 203; 1995 a. 27; 1997 a. 27; 2001 a. 16.

(Note: The following is a sample of Stoughton Area School District's human growth and development legislative requirements.)

Wisconsin Legislative Requirements— Human Growth and Development

WI Statute 118.019 Human growth and development instruction. This is the primary statute covering human growth and development. Its purpose is to "encourage all school boards to make available to pupils instruction in topics related to human growth and development in order to promote accurate and comprehensive knowledge in this area and responsible decision making and to support and enhance the efforts of parents to provide moral guidance to their children." Each school board is required to appoint a diverse advisory committee with representatives from parents, teachers, school administrators, students, health care professionals, and clergy. The committee's responsibility is to review every three years human growth and development objectives and advise the Board on its implementation.

Each school board that provides an instructional program in human growth and development shall also provide instructioni n marriage and parental responsibility. In addition, parents must receive annually an outline of the curriculum used in the student's grade level and information as to how parents may preview the curriculum and materials, as well as making the complete curriculum and instructional materials available upon request, including prior to use in the classroom. No student may be required to participate if a parent requests that the student be exempted. *This statute does not require a school district to offer a human growth and development curriculum.*

WI Statute 118.01 Educational Goals and Expectation is the statute that outlines Wisconsin educational goals. Section 118.01(d)2c of the Statutes states that instruction on sexually transmitted diseases shall be offered in every high school. *This statute does not require a school district to deal with sexually transmitted diseases prior to high school.*

WI Statute 118.01(d)8 requires school districts to provide to students in elementary school "knowledge of effective means by which pupils may recognize, avoid, prevent and halt physically or psychologically intrusive or abusive situations which may be harmful to pupils, including child abuse, sexual abuse and child enticement." *This statute requires a school district to provide a protective behaviors curriculum at the elementary level.*

WI DPI Guidelines for Opt Out Policies. Wisconsin statutes provide specific opt out processes in human growth and development (WI Stat. 118.019). Wisconsin statutes do

not provide and legislative history does not support the use of the parent opt in method by local school districts where the opt out method is statutorily specified.

Wisconsin's Model Academic Standards. Wisconsin model academic standards were identified in 1997 in twelve curricular areas including health. The standards specify what students should know and be able to do. The *content standards* are broad statements that tell what students should know and be able to do. The *performance standards* explain how students will show by the end of grades 4, 8, and 12 that they are meeting the content standard. *Proficiency standards* indicate how well students must perform. Proficiency standards have been developed by the state in reading, language arts, social studies, science, and mathematics, and are assessed by state assessments in grades 3, 4, 8, and 10 and will be assessed by a high school graduation examination beginning with the graduating class of 2003. State proficiency standards are not developed for the health curriculum.

One component of the district's health curriculum is human growth and development. The "Relationship of WI Academic Standards to Human Growth and Development Objectives" illustrates the match between Stoughton's grade level objectives and the Wisconsin Academic Standards in Health, which can be found in the section "Connections to the Standards."

Statement on Human Growth and Development Instruction
Amended from
Brighter Futures: The Wisconsin Plan to Prevent Adolescent Pregnancy
September 23, 1998

Wisconsin Statute 118.019 encourages all school boards to provide students in grades Kindergarten to 12 with human growth and development instruction. The purpose is "to promote accurate and comprehensive knowledge in this area and responsible decision making and to support and enhance the efforts of parents to provide moral guidance to their children." Human growth and development instruction promotes an abstinent lifestyle, helps to build strong families, and encourages responsible parenthood through instruction on topics such as family life skills and skills required of a parent, personal and male responsibility, refusal skills and assertiveness, and protective behaviors to prevent sexual abuse/assault, including date rape.

Young people receive mixed messages about sexual behavior from the media and their peers that often conflict with the goals and hopes their parents and teachers have for them. Individuals need opportunities to learn about human sexuality in a factual manner so they can develop a personal standard of behavior based upon their family, religious, social and educational experiences.

Parents are the primary educators of their children and should be active partners with schools in ensuring their success. This partnership includes instruction on human growth and development. A survey of Wisconsin parents by the University of Wisconsin – Extension found that almost 9 in 10 wanted schools to teach about both abstinence and birth control in grades 7-12 (*Wisconsin Parents Speak Out,* 1996). Human growth and development instruction should support positive communication between parents and their children. For instance, homework assigned may involve a discussion between the student and his/her parents, providing the parents with an opportunity to communicate their expectations and values concerning their child's sexual behavior. Parents have the right to 1) review all human growth and development materials and 2) exempt their children from parts or all of human growth and development instruction [WI Stat. 118.019].

Consistent with WI Stat. 118.019, the *Brighter Futures* plan recommends that human growth and development instruction should stress that abstinence from sexual intercourse is the expected norm for students, much like schools expect students to refrain from use of alcohol and tobacco. Wisconsin law considers sexual contact with a person under the age of 16 years to be a felony [WI Stat. 948.02] and sexual intercourse with a person 16 or 17 years old to be a misdemeanor [WI Stat. 948.09]. There should be a clear and strong message that the decision whether or not to be sexually active is an adult one to be made when an individual is fully cognizant of the social, emotional, financial, legal, and physical consequences of this decision.

At the same time, the vast majority of students in school will eventually, as adults, marry and become parents and will benefit from accurate information on family planning. In addition, the past and current rates of adolescent pregnancy, abortion, and infection from sexually transmitted diseases (STDs) leads us to believe that despite our best efforts, some young people will continue to choose to be sexually active and may experience adverse, life-altering and even life-threatening consequences.

As a result, it is also a recommendation that human growth and development instruction provide accurate and reliable information regarding the various methods of contraceptives, including their advantages and limitations, especially in relation to prevention of pregnancy and STDs. Additionally, teachers should inform students how to obtain additional information and services within the school and the greater community, should they choose to pursue them. Provision of instruction about contraceptives has historically been a controversial issue within some local communities. Wisconsin Statute 118.019 makes it clear that this decision belongs to the local school board after receiving input from its appointed human growth and development committee. Some communities have obtained the necessary local support by teaching about contraceptives within the context of marriage.

Any school district that offers human growth and development instruction must convene a committee appointed by the school board to review the design and implementation of the curriculum at least once every three years. The advisory committee must consist of the following types of people: parents, teachers, school administrators, students, health care professionals, members of the clergy, and other residents of the school district. It is recommended this committee represent a cross section of opinions from the community and use, to the extent possible, a consensus decision-making model. This may increase the likelihood the resulting recommendations to the school board from the committee will be accepted without controversy from school board members and the community.

It is critical the human growth and development curriculum and instruction reflect the values and norms of the local community. Human growth and development committees may wish to survey parents to help determine what topics should be addressed at what grade level(s). This step will help the committee to develop a curriculum and plan for instruction which will reflect the opinions of the majority of parents.

Human growth and development instruction must provide information appropriate to each grade level and the age and maturity of the students. The curriculum may be part of a distinct course or may be integrated and connected across subjects, e.g., Health, Family and Consumer Education, Development Guidance, Science, Social Studies, and other subjects.

Teachers should have the appropriate training and necessary comfort level with the subject matter to provide human growth and development instruction. Ongoing staff development is necessary to maintain and enhance teachers' instructional skills.

Wisconsin High School Students' Sexual Behaviors And Attitudes

1. What percentage of Wisconsin high school students report having sexual intercourse in the last 3 months?

   a) 31% b) 42% c) 48% d) 60%

2. What age group has the highest rate of sexually transmitted infections in Wisconsin?

   a) 15–19 years b) 20–24 years c) 25–29 years d) 30–34 years

3. What percentage of Wisconsin high school students who report ever having sexual intercourse also report having used alcohol or other drugs prior to the last time they had sex?

   a) 24% b) 31% c) 43% d) 57%

4. What percentage of Wisconsin high school students who report ever having sexual intercourse also report having used some reliable form of birth control the last time they had sex?

   a) 29% b) 46% c) 59% d) 75%

5. What percentage of female Wisconsin high school students report having been forced physically or verbally to take part in some form of sexual activity?

   a) 5% b) 8% c) 12% d) 17%

6. What percentage of Wisconsin high school students report it is important to wait to have sex until
   1) marriage, 2) engagement, or 3) an adult, committed relationship?

   a) 37% b) 44% c) 53% d) 61%

7. How has the teen birth rate in Wisconsin changed from 1991 to 1997?

   a) +11% b) +4% c) –13% d) –20%

8. What percentage of Wisconsin public high school students report having learned about AIDS at school?

   a) 62% b) 73% c) 84% d) 91%

9. What percentage of Wisconsin public high school students report talking to their parents about AIDS?

   a) 39% b) 47% c) 54% d) 65%

10. What percentage of Wisconsin parents want schools to teach about both abstinence and birth control in grades 7 – 12?

    a) 34% b) 46% c) 67% d) 85%

Wisconsin High School Students' Sexual Behaviors and Attitudes Responses and Explanations

1. **(a) 31%–**The Department of Public Instruction (DPI) conducts the Youth Risk Behavior Survey (YRBS) among a random sample of Wisconsin public high school students. The 1999 survey found 31% reported having had sexual intercourse at least once in the last 3 months; this is the best estimate we have in Wisconsin of how many youth are currently sexually active. Answer (b) or 42% represents the percentage of youth that reported ever having sexual intercourse at least once in their lives. This percentage decreased from 47% in 1993 to 42% in 1999. Answer (c) or 48% is the percentage of seniors who report having sexual intercourse at least once within the last 3 months. Finally, answer (d) or 60% is the percentage of seniors who report ever having sexual intercourse at least once in their lives. The 1999 survey figures rise through the 4 high school grades from 28% of 9th graders to 60% of 12th graders reporting ever having sexual intercourse.

2. **(a) 15-19 years–**Diagnosed cases of sexually transmitted infections (STIs) in Wisconsin are by law reported to the State Division of Health. These statistics indicate the highest STI rate occurs among 15-19 year olds. Approximately 2% of Wisconsin residents in this age group are annually diagnosed with a STI. In 1999, there were 2,260 cases of gonorrhea, 350 cases of herpes, and 5,820 cases of chlamydia in this age group. Females represent 80% of these diagnosed cases. In reality, STI rates may actually be higher than suggested by case surveillance because some youth may not seek treatment due to lack of accessible health care or out of fear or shame.

3. **(a) 24%–**Of the Wisconsin public high school students who reported ever having had sex on the 1999 YRBS, 24% also reported having used alcohol or other drugs the last time they had sex. The percentage was higher for males (28%) than females (20%).

4. **(d) 75%–**Of the Wisconsin public high school students who reported ever having had sex on the 1999 YRBS, 3 out of 4 also reported having used some reliable form of birth control, i.e., 21% reported using birth control pills, 50% reported using condoms, and 4% reported using Depo-Provera. Those who reported using no birth control method declined slightly from 15% in 1993 to 13% in 1999.

5. **(c) 12%–**The 1999 Wisconsin YRBS found that 12% of female public high school students reported having been forced physically or verbally to take part in sexual activity. One in 13 males also reported having been forced physically or verbally to take part in sexual activity. The percentage of females who reported having been sexually harassed at school increased from 34% in 1997 to 39% in 1999. It is

unclear if this is due to an actual increase in sexual harassment, an increased awareness of sexual harassment on the part of high school females and others, or some combination of both.

6. **(b) 44%–**A total of 44% of public high school students reported on the 1999 YRBS feeling it was important to wait to have sex until marriage (22%), engagement (3%), or an adult, committed relationship (19%). An additional 23% said it was important to wait until they were in love, and another 4% said until finishing high school. Twenty-nine percent reported it was not important to them to wait to have sex. There was a greater abstinence commitment among females than males.

7. **(d) -20%–**The birth rate for Wisconsin 15-19 year olds declined 20% from 44/1,000 in 1991 to 35/1,000 in 1997. This decrease is attributed to a greater percentage of teens being sexually abstinent and of those teens that are having sex, a greater percentage using birth control. The decrease is *not* related to abortions; the abortion rate for Wisconsin 15 - 19 year olds dropped almost 50% from 21/1,000 in 1991 to 11/1,000 in 1997.

8. **(d) 91%–**There was a small increase on the Wisconsin YRBS in the percentage of students who reported ever having been taught about HIV and AIDS in school (from 84% in 1993 to 91% in 1999). The Department of Public Instruction administers the School Health Education Profile (SHEP) every four years to Wisconsin health education coordinators and secondary principals. The 1998 SHEP found that 98% of school districts teach about HIV prevention in at least one required health education course in any of grades 6 through 12.

9. **(c) 54%–**There was a small decrease on the Wisconsin YRBS in the percentage of public high school students who reported they had talked about HIV and AIDS with an adult family member (from 58% in 1993 to 54% in 1999). The 1999 Wisconsin figures were higher for females (62%) that males (47%). Wisconsin students are less likely to have ever talked about AIDS or HIV infection with their parents than the national average (54% to 63%).

10. **(d) 85%–**A survey by the University of Wisconsin–Extension of 4,435 Wisconsin parents of children in grades 5–12 was conducted in 12 Wisconsin communities. Over 90% of these parents said they wanted schools to teach about abstinence and 85% wanted schools to teach about birth control in grades 7–12. The 1998 SHEP found most Wisconsin school districts teach about the following topics in at least one required health education course in any of grades 6–2: reasons for choosing sexual abstinence (98%), pregnancy prevention (94%), STI prevention (97%), condom efficacy (81%), and correct use of condoms (57%).

Sources:

1996 Tapping Into Parenting (TIP) Survey, University of Wisconsin

1998 School Health Education Profile, Wisconsin Department of Public Instruction

1999 Wisconsin Youth Risk Behavior Survey, Wisconsin Department of Public Instruction

Bureau of Communicable Diseases, Wisconsin Department of Health and Family Services

Bureau of Health Information, Wisconsin Department of Health and Family Services

HIV/AIDS/STD Quiz

1. What age group in Wisconsin has the highest STD infection rate?

   _____ 15-19 _____ 20-24 _____ 25-29 _____ 30-34

2. What percentage of Wisconsin high school students report having sexual intercourse at least once in the last 3 months?

   _____ 24% _____ 31% _____ 41% _____ 52% _____ 63%

3. Of Wisconsin high school students who reported having had sexual intercourse,

   a) what percentage reported using some reliable method of contraception the last time they had sexual intercourse?

   _____ 23% _____ 35% _____ 48% _____ 62% _____ 75%

   b) what percentage reported having used alcohol or other drugs before the last time they had sexual intercourse?

   _____ 24% _____ 37% _____ 49% _____ 60% _____ 71%

4. The percentage of Wisconsin public high school students who report having learned about AIDS at school has increased over the last several years.

   _____ True _____ False

5. Studies have shown that sex education begun before youth are sexually active increases the likelihood they will stay abstinent and use protection when they do become sexually active.

   _____ True _____ False

6. Adolescents who receive specific AIDS education are less likely to engage in sex, and those who do have sex are more likely to have sex less often and to have safer sex.

   _____ True _____ False

7. The percentage of Wisconsin public high school students who report talking to their parents about AIDS has increased over the last several years.

   _____ True _____ False

8. What percentage of Wisconsin parents of students in grades 5-12 report they want their children's schools to teach about sexual abstinence in grades 7-12?

   ____53% ____67% ____78% ____84% ____91%

9. What percentage of Wisconsin parents of students in grades 5-12 report they want their children's schools to teach about birth control in grades 7-12?

   ____23% ____36% ____49% ____64% ____85%

ANSWERS

1. **15-19 year olds** - Diagnosed cases of sexually transmitted diseases (STDs) in Wisconsin are by law reported to the state division of health. These statistics indicate that the highest rate of STD infection in Wisconsin occurs among 15-19 year olds. Approximately 2% (one in 50) are annually diagnosed with an STD. In 1999 there were over 8,500 cases of STDs reported for people under 20 years old (Wisconsin Department of Health and Family Services). In reality, STD rates may actually be higher than suggested by case surveillance because some youth may not seek treatment due to lack of accessible health care or out of fear or shame. Also, adolescents also have the highest rates of STDs nationally. At least 25% of sexually active teens have contracted an STD. *(Center for Disease Control and Prevention, STD Surveillance, 1998).*

2. **31%** - The 1999 Wisconsin Youth Risk Behavior Survey (YRBS) found 31% of high school youth reported having sex within the last three months, compared to 36% of youth nationwide. (Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance – U.S., 1999))

3. **a) 75%** - The Wisconsin 1999 YRBS found, of high school students who reported having had sexual intercourse, 75% reported having used some reliable method of contraception the last time they had sexual intercourse, i.e., 21% reported using birth control pills, 50% reported using condoms, and 4% reported using Depo-Provera. Those who reported using no birth control method declined slightly from 15% in 1993 to 13% in 1999.

b) 24% - The Wisconsin 1999 YRBS found 24% of high school students reported having used alcohol or other drugs before the last time they had sexual intercourse. The percentage was higher for males (28%) than for females (20%).

4. **True -** There was a small increase in the percentage of students who reported ever having been taught about HIV and AIDS in school (from 84% in 1993 to 91% in 1999) on the Wisconsin YRBS. The Department of Public Instruction administers the School Health Education Profile (SHEP) every four years to Wisconsin health education coordinators and secondary principals. The 1998 SHEP found that 98% of school districts teach about HIV prevention in at least one required health education course in any of grades 6 through 12.

5 & 6. **5) True, 6) True** - A comprehensive review of 23 school-based programs found that sex education begun before youth are sexually active helps young people stay abstinent and use protection when they do become sexually active. The same review also found that teens who received specific AIDS education were less likely to engage in sex, and those who did were more likely to have sex less often and to have safer sex.

A more recent report reviewed 68 studies of sexuality education programs from France, Mexico, Switzerland, Thailand, the United Kingdom, the United States, and several Scandinavian countries. The main conclusions of the review were:

- Education about sexuality and/or HIV does not encourage increased sexual activity.
- Quality programs help delay first intercourse and protect sexually active youth from STDs, including HIV, and from pregnancy.
- Responsible and safe behavior can be learned.
- Sexuality education is best started before sexuality activity begins.
- Education has to be sensitive to the needs of both boys and girls.
- Young people's sexual health is informed by a wide range of sources.
- Young people develop at different rates and not all can be reached by the same techniques.

While many education programs result in increased knowledge about STDs and HIV/AIDS, only high-quality education has an impact on behavior. The review concluded that effective education programs:

- Are grounded in social learning theory, i.e., help students believe that the skills they learn will help them and that they can use them effectively;
- Have focused curricula, give clear statements about behavioral aims, and feature clear delineation of the risks of unprotected sex and methods to avoid it;
- Focus on activities that address social influences, e.g., peer pressure;
- Teach and allow for practice in communication and negotiation skills;
- Encourage open communication about sex; and
- Equip young people with skills for understanding media messages and what they are trying to get people to do or buy.

(*Impact of HIV and Sexual Health Education on the Sexual Behavior of Young People: A Review Update, 1997*)

7**. FALSE** - There was a small decrease in the percentage of public high school students who reported they had talked about HIV and AIDS with an adult family member (from 58% in 1993 to 54% in 1999) on the Wisconsin YRBS. The 1999 Wisconsin figures were higher for females (62%) than males (47%). Wisconsin students are less likely to have ever talked about AIDS or HIV infection with their parents than the national average (54% compared to 63%).

8. & 9. **8) 91%, 9) 85%** - A University of Wisconsin-Extension survey of 4,435 Wisconsin parents of children in grades 5-12 found over 9 of 10 parents wanted their child to learn about sexual abstinence at school in grades 7-12. More than 8 of 10 parents wanted their child to learn about birth control at school in grades 7-12. (*Wisconsin Parents Speak Out: A Report of the Findings from the Tapping into Parenting (TIP) Surveys in 12 Wisconsin Communities,* 1996*).*

What Research Says About Effective Comprehensive School Health Programs and its Impact on Effective Human Growth and Development Instruction

As our society moves into the twenty-first century, it is important to consider the most effective approaches to address a variety of youth risk behaviors. State and federal funds have been directed to prevent such behaviors as alcohol and other drug abuse, violence, and sexual behaviors that result in pregnancy and/or STDs/HIV/AIDS. Out of this available funding, or as an immediate response to a particular health risk, many schools developed a limited view, single-issue prevention initiative or a single discipline instructional program. This "health problem of the year" approach has had limited impact.

The Wisconsin Framework for Comprehensive School Health Programs (CSHP) describes a **research-based, multistrategy approach** that addresses the entire range of youth risk behaviors and promotes the health, well-being and positive development of students and other members of the school-community as an integral part of a school's overall mission. It is a collection of empirically supported strategies organized into six components that are most effective and efficient when implemented in a connected and integrated manner. These six components are a **Healthy School Environment; Curriculum, Instruction and Assessment; Pupil Services; Student Programs; Adult Programs; and Family and Community Connections.**

The purposes of the Wisconsin Framework for CSHP are 1) to communicate the critical and essential role schools play in the positive development of **healthy, resilient, successful learners**; 2) to serve as a "sense-maker" or "organizer" for schools concerning how to create an integrated, comprehensive service delivery system; 3) to assist schools in defining their role and capacity in addressing the health and safety needs of children within the school setting; and 4) to act as a functional system for the Department of Public Instruction for integrating the services, programs, and funds related to prevention, health, and positive development of children.

When looking at the content area of human growth and development (HGD) within the context of the Wisconsin Framework, it is helpful to analyze the curriculum, instruction, and assessment of the HGD program utilizing best practice in prevention education. The Department of Public Instruction has developed a document, *The Power of Teaching*, to help teachers and HGD advisory committees assess school-based prevention curriculum and instruction based on what research, literature, and best practice say are effective prevention characteristics.

The following are considered the characteristics of effective prevention curriculum and instruction:

Curriculum Content Characteristics

1. Accurate and up-to-date information on health promotion and risk behaviors is essential.
2. Normative education is essential in shaping beliefs, attitudes, and behaviors.
3. A strong focus on life skill development is essential.
4. Key concepts that cut across many health and safety issues should be emphasized.

Curriculum Delivery Characteristics

1. Multiple instructional strategies are essential.
2. It is better to take more time to teach fewer concepts and skills.
3. Knowledge is the interaction between a student's prior knowledge and new information.
4. A sense of safety and community in the classroom is basic to student learning.
5. Clear and consistent messages are essential.
6. Involvement of parents and guardians in the instructional process is critical.

Effective HGD programs include most of these characteristics. A school unit or curriculum evaluation tool can be found in the section, "Evaluation Tool."

Another critical issue facing many human growth and development advisory committees is the ability to answer questions about research studies and findings related to school-based HGD programs. One major study was a thorough review of research on the reduction of sexual risk behaviors. The study shows that school HGD programs can result in a delay of intercourse, reduction of intercourse frequency, reduction in the number of partners, and increased use of condoms and other contraceptives when sexually active. The common characteristics of effective school-based programs include:

- A specific focus on sexual risk-taking that may lead to HIV infection or unintended pregnancy.
- Use of social learning as the basis for program development; addresses previous knowledge, motivation, outcomes, skills and self-efficacy.

- Provides accurate information on unprotected intercourse risks and methods to avoid unprotected intercourse through skill-building. Peer educators were used in many programs.
- Clear and age appropriate values against unprotected intercourse are emphasized.
- Provides skill development in negotiations and effective communication.

(Kirby, et al., 1994)

Another extensive study on HGD instruction by the World Health Organization reviewed over 1,050 research articles. This analysis focused on the impact of instruction on sexual behavior. The major findings from this paper are:

- The overwhelming majority of articles found **no support** for the argument that sexuality education increases sexual activity or experimentation sexually.
- The overwhelming majority of articles found **support** for the argument that sexuality education delays first intercourse.
- The great majority of articles **support** the idea that best outcomes are obtained when the instruction is given before young people become sexually active.
- Children will get sex education, but the questions remain how and what kind. The research studies **support** the need for accurate multistrategy HGD instruction to have the greatest impact on lowering pregnancy and lowering STDs including HIV/AIDS.

(Grunseit & Kippax, 1993)

A recent review of HGD research for the *National Campaign to Prevent Teen Pregnancy* offers many findings that may be helpful to a human growth and development advisory committee.

- Abstinence-only programs, which emphasize the importance of abstinence until marriage but exclude information on contraception have been researched on six occasions. Results on the effectiveness in reducing or delaying intercourse are as yet inconclusive. Better research methodology needs to be used.
- Abstinence-based programs that emphasize the value of abstinence but also include contraceptive education have been found through research to delay intercourse onset, reduce intercourse frequency, and reduce numbers of sexual partners.
- Because some students have sex and others do not, there needs to be some educational efforts that include both postponing sexual behavior as well as contraceptive information.
- Almost all research studies find some desirable change like increased knowledge, but very few programs have found evidence of reduced sexual-risk taking behaviors.
- **Instruction that focuses on sex and HIV education programs, whether in schools or parent/child communication, does not increase sexual activity.**
- Multi-component programs in schools and communities that include a strong educational component may increase contraceptive use among sexually active teens and lower pregnancy rates.

- Though more research needs to be done, programs that focus on teen youth development may decrease pregnancy or birth rates.

(Kirby, 1997)

Two 1999-research reports discussed the issue of abstinence-only curriculum and abstinence education policies. The Kaiser Family Foundation, an independent national health care philanthropy, through the Foundation and Princeton Survey Research Associates (PSRA), conducted a national telephone survey of 313 principals of public secondary schools grades 7-12. This random sample found the following highlights:

- Most junior and senior high schools today take a more comprehensive approach to sex education with 58 percent presenting this approach with 34 percent saying they have an abstinence-only until marriage curriculum.
- Principals in the South are more likely to have an abstinence-only curriculum (42 percent) while it is at 29 percent in the rest of the country.)
- Sixty-six percent of the principals stated that abstinence-only options have not come up for discussion in recent years while thirty-one percent are either adding or dropping an abstinence-only curriculum.
- Ninety-four percent of the principals reported a discussion of abstinence as part of their sex education class, ninety-seven percent cover HIV, ninety-six percent STDs, forty-five percent on where to get birth control and how to use it effectively, and thirty-nine percent on condoms.
- About half of the schools do not discuss controversial subjects like abortion and sexual orientation. That is because of school district policy or perceived or actual pressure from the community.
- Half of the principals reported recent local school public debate on sex education with three-quarters reporting a calm atmosphere and one third reporting a change in curriculum.
- Other topics discussed are curricular topics (26 percent), parental permission procedures (26 percent), elimination of sex education (17 percent), and single-sex or co-ed instruction (16 percent).
- State or local guidelines control what is taught in sex education in 85 percent of the schools. Eight percent felt the federal funds for the promotion of abstinence-unless-married messages had a great impact on curriculum.
- Most principals report that the primary shapers of the sex education curriculum are teachers first with strong parental assistance.
- Finally most principals feel that sex education is supported by teachers (95 percent) and parents (94 percent).

(Kaiser Family Foundation, 1999)

The Alan Guttmacher Institute published a recent study written by David Landry, Lisa Kaeser, and Cory Richards on similar issues related to school district sex education policy in a survey of 825 superintendents or their representatives.

- The great majority of school policies (86 percent) are to promote abstinence as the preferred option (51%) or the only option (35 percent). Fourteen percent have a comprehensive policy that includes abstinence as one option.
- Two-thirds of abstinence-plus or -only curriculum allows a discussion of contraception. One-third does not.
- State directives, advisory committees or task forces, or the school board had the greatest impact on what is to be taught. Half reported that state directives were the most influential.
- In half the cases the reporters said the community was silent on the issue, two fifths were very supportive, five percent reported a divided community, one percent were generally opposed.
- Most policies (53 percent) were adopted after 1995 while another third adopted a policy between 1990 and 1995. Most curricular change was towards an abstinence-plus category.
- Sixty-nine percent of U.S. public schools have a sexuality education policy while one-third has a policy that is site based.
- Over half of schools in the south have an abstinence-only policy, twenty percentage points higher than the national average.

(Landry, 1999)

More research on effective human growth and development utilizing quality research methodology still needs to be done to effectively evaluate abstinence-only programs as well as new multistrategy HGD programs.

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(Note: The following excerpt is from Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy, Kirby, Douglas, Ph.D., Washington D.C., May 2001.)

Common Characteristics of Effective Curricula

Those curricula with evidence that they reduce sexual risk-taking share ten particular characteristics, noted below. Some of these characteristics have also been identified in other reviews of impact studies (Frost & Forrest, 1995; Miller & Paikoff, 1992; Moore et al., 1995). These characteristics reflect different aspects of effective teaching and are similar to the characteristics of educational programs found to reduce substance abuse (Dusenburg & Falco, 1995).

The ten characteristics appear to be necessary characteristics–that is, when evaluated programs lacked one or more of these characteristics, they were typically found to be ineffective at changing behavior. However, there is little evidence specifying which of these factors or combinations of factors contributes most to the overall success of the programs.

These ten characteristics of effective programs are:

1. Effective programs focused on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection. These programs focused narrowly on a small number of specific behavioral goals, such as delaying the initiation of intercourse or using condoms or other forms of contraception; relatively little time was spent addressing other sexuality issues, such as gender roles, dating, or parenthood. Nearly every activity was directed toward the behavioral goals.

Few studies evaluated the impact of a focused and potentially effective curriculum unit that was embedded in a larger more comprehensive sexuality education program. Such units may or may not effectively change behavior, but only additional research will answer this question.

2. Effective programs were based on theoretical approaches that have been demonstrated to be effective in influencing other health-related risky behaviors–such as social cognitive theory (Bandura, 1986), social influence theory (McGuire, 1972), social inoculation theory (Homans, 1965), cognitive behavioral theory (Bandura, 1986; Schinke et al., 1981), theory of reasoned action (Fishbein & Ajzen, 1975) and theory of planned behavior (Ajzen, 1985). These theories together address many of the individual sexuality-related antecedents identified in Chapter 2. They recognize the fact that the beliefs and values of youth are influenced directly through education by parents, schools, and others, and indirectly through observing the behavior of others and the consequences that befall them. In additional, social influence theories address societal pressures on youth and the importance of helping young

people understand those pressures and resist the negative ones. Thus, these programs strive to go far beyond the cognitive level; they focus on recognizing social influences, changing individual values, changing group norms and perceptions of those norms, and building social skills.

These theories help to specify which particular antecedents the interventions are trying to change (e.g., the beliefs, attitudes, norms, confidence, and skills related to sexual behavior), so that changes in these antecedents would lead to voluntary change in sexual or contraceptive behavior. Thus, each activity was designed to change one or more antecedents specified by the particular theoretical model for the curriculum, and each important antecedent in the theoretical model was addressed by one or more activities. While all of the effective curricula focused on antecedents specified by their adopted theories, some program developers actually surveyed students and empirically determined which possible antecedents best predicted desired behavior. Activities in their programs then focused on those particular antecedents.

By focusing on specific behavior (characteristic #1), by identifying particular antecedents causally related to that behavior, and by designing activities to change each of those important antecedents, the developers of these programs were, in fact, designing "logic models" and basing their interventions on those models (Kirby, 2000). Logic models are discussed in Chapter 6.

3. Effective programs gave a clear message about sexual activity and condom or contraceptive use and continually reinforced that message. This particular characteristic appeared to be one of the most important criteria that distinguished effective from ineffective curricula. The effective programs did not simply lay out the pros and cons of different sexual choices and implicitly let the students decide which was right for them; rather, most of the curriculum activities were directed toward convincing the students that abstaining from sex, using condoms consistently, or using other forms of contraception consistently was the right choice, and that unprotected sex was clearly an undesirable choice. To the extent possible, they tried to use group activities to change group norms about what was the expected behavior.

4. Effective programs provided basic, accurate information about the risks of teen sexual activity and about methods of avoiding intercourse or using protection against pregnancy and STDs. Effective programs provided basic information that students needed to assess risks and avoid unprotected sex. Typically, this information was not detailed or comprehensive. For example, the curricula did not provide detailed information about all methods of contraception or different types of STDs. Instead, they provided a foundation: they emphasized the basic facts needed to persuade youth to avoid unprotected sex, and they provided information that would lead to changes in beliefs, attitudes, and perceptions of peer norms. Some curricula also provided more detailed information about how to use condoms correctly.

5. Effective programs included activities that address social pressures that influence sexual behavior. These activities took a variety of forms. For example, several curricula discussed situations that might lead to sex. Most of the curricula discussed "lines" that are typically used to get someone to have sex, and some discussed how to overcome social barriers to using condoms (e.g., embarrassment about buying condoms). Some of them also addressed peer norms about having sex or using condoms. For example, some curricula provided data showing that many youth *do not* have sex or *do* use condoms, or they had students engage in activities in which they concluded that students should abstain from sex or use condoms and then expressed those beliefs to other students. At least one curriculum addressed media influences (e.g., how sex is used to sell products and how television often depicts characters having unprotected intercourse but rarely experiencing negative consequences).

6. Effective programs provided modeling of and practice with communication, negotiation, and refusal skills. Typically, the programs provided information about skills, demonstrated the effective use of those skills, and then provided some type of skill rehearsal and practice (e.g., verbal role-playing and written practice). Some curricula taught different ways to say "no" to sex or unprotected sex, how to insist on the use of condoms or other methods of contraception, how to use body language that reinforced the verbal message, how to repeatedly refuse sex or insist on condom use, how to suggest alternative activities, and how to help build the relationship while refusing unprotected sex or refusing to have sex at all. Some curricula started with easier scenarios in role-playing and then moved to more challenging ones. Some started with fully scripted role plays and moved to more improvisational ones, in which the youth resisting unprotected sex had to use their own words. Although all effective curricula gave some attention to skills, there were significant variations in the quality of activities designed to teach skills and also in the time devoted to practicing the skills.

7. Effective programs employed a variety of teaching methods designed to involve the participants and have them personalize the information. Instructors reached students by engaging them in the learning process, not through didactic instruction. Students were involved in numerous experiential classroom and homework activities, such as small group discussions, games or simulations, brainstorming, role-playing, written exercises, verbal feedback and coaching, interviewing parents, locating contraception in local drugstores, and visiting or telephoning family planning clinics. In addition to these experiential activities, a few effective curricula used peer educators or videos with characters (either real or acted) who resembled the students and with whom the students could identify. All of these activities kept the students more involved in the program, got them to think about the issues, and helped them personalize the information in their own lives.

8. Effective programs incorporated behavioral goals, teaching methods, and materials that were appropriate to the age, sexual experience, and culture of the students. For example, programs for younger youth in junior high school, few of whom had engaged in intercourse, focused on delaying the onset of intercourse. Programs designed for high school students, some of whom had engaged in intercourse and some of whom had not, emphasized that students should avoid unprotected intercourse; that abstinence was the best method of avoiding unprotected sex; and that condoms or contraception should always be used if they did have sex. And programs for higher-risk youth, most of whom were already sexually active, emphasized the importance of always using condoms and avoiding high-risk situations. Some of the curricula, such as *Becoming a Responsible Teen* and *Making a Difference*, were designed for specific racial or ethnic groups and emphasized statistics, values, and approaches that were tailored to those groups.

9. Effective programs lasted a sufficient length of time to complete important activities adequately. In general, it requires considerable time and multiple activities to change the most important antecedents of sexual risk-taking and to thereby have a real influence on behavior. Thus, short programs that lasted only a couple of hours did not appear to be effective, while longer programs that had many activities had a greater effect. More specifically, effective programs tended to fall into two categories: (1) those that lasted 14 or more hours and (2) those that lasted a smaller number of hours but recruited youth who voluntarily participated and then worked with these youth in small group settings with a leader for each group. (When youth volunteer to participate, they may be more open to instruction than if they are required to sit in a school class. And when they work in small groups, instructors may be able to involve the youth more completely, to tailor the material to each group, and to cover more material and more concerns more quickly.)

10. Effective programs selected teachers or peer leaders who believed in the program they were implementing and then provided them with training. Given the challenges of implementing programs that focused on a sensitive topic and incorporated a variety of interactive activities, the effective programs carefully selected teachers and provide them with training. The training ranged from approximately six hours to three days. In general, the training was designed to give teachers and peer leaders information on the program as well as practice using the teaching strategies included in the curricula (e.g., conducting role-playing exercises and leading group discussions). Some of the teachers in these effective programs also received coaching and/or follow-up training to improve the quality of their teaching.

Wisconsin Teens' Sexual Behavior and Related HGD Issues

1. Teen Sexual Behavior

The 1999 Wisconsin Youth Risk Behavior Survey[1] by the Wisconsin Department of Public Instruction, found:

- The percentage of students who reported having ever had sexual intercourse significantly decreased between 1993 and 1999 from 47 percent to 42 percent.
- Over half (51 percent) of all students who reported ever having had sex, reported having their first sexual intercourse when they were 15 or 16 years old and about 16 percent reported their first sexual intercourse before the age of 15.
- Wisconsin students were less likely to report having had sexual intercourse before the age of 13 than the national average.
- Forty-four percent of students reported that it is important to them to delay having sexual intercourse until they are married, engaged or are in an adult, long-term committed relationship.
- Six out of ten (60 percent) of sexually active students reported using a condom the last time they had sex.
- The percentage of students reporting ever having received classroom instruction on HIV and AIDS rose from 84 percent to 91 percent between 1993 and 1999.
- The percentage of students reporting ever having talked with their parents about HIV and AIDS declined from 58 percent to 54 percent from 1993 to 1999.
- Approximately 1 in 8 (12 percent) Wisconsin female public high school students reported having been verbally or physically forced to engage in some sort of sexual activity.

2. Births and STDs

- In 1999, there were 116 births to Wisconsin teens under 15 years and 2,432 to mothers 15 to 17 years old (Wisconsin Bureau of Health Information, 2001). Only nine states report lower teen birth rates than Wisconsin.
- There was a 20 percent decrease in the rate of Wisconsin teen births (ages 15-19) from 44/1,000 in 1991 to 35/1,000 in 1999 (Wisconsin Bureau of Health Information, 2001).
- The recent decline in teen births is reflective of an increase in the percentage of teens being sexually abstinent and a greater percentage of sexually active teens using birth control. The decrease is not related to teen abortions, which decreased almost 50 percent from a rate of 21/1,000 in 1991 to 11/1,000 in 1997 (Wisconsin Bureau of Health Information, 1999).
- In the 1999 Wisconsin Youth Risk Behavior Survey 6 percent of students responded that they have been or gotten someone pregnant.

[1] The 1999 Wisconsin Youth Risk Behavior Survey responses are representative of all ninth through twelfth grade public school students in Wisconsin.

- Adolescents (ages 15-19) have the highest STD infection rate of any age group in Wisconsin. In 2000 there were over 6,072 cases of chlamydia, 2,270 cases of gonorrhea, and 347 cases of herpes reported for people under 20 years old (Wisconsin Department of Health and Family Services, 2001).

3. Parents attitudes and views

A University of Wisconsin-Extension survey of 4,435 Wisconsin parents of children in grades 5-12 entitled Wisconsin Parents Speak Out (1996) found:

- Approximately 9 out of 10 parents surveyed wanted schools to teach about both abstinence and birth control in grades 7-12.
- One in five parents worry quite a bit or very much about their child being pressured into sex. More parents of daughters than sons worry about their child being pressured into sex.
- Parents of 7th-8th grade daughters are more apt to worry quite a bit or very much about sexual pressure than parents of 9th-10th or 11th-12th graders.
- Almost 8 out of 10 parents believe it is unlikely their own child is sexually active, with about 1 in 7 reporting it is likely they are sexually active.
- Over half of parents feel premarital teenage sex is wrong under any circumstance.
- About 7 in 10 parents said they communicated with their children about teen sex issues in the last year including HIV/AIDS, other STDs, and whether teen sex is okay.
- Half of the parents said they discussed birth control with their teen in the last year.
- By 11th or 12th grade 95 percent of Wisconsin parents think it is acceptable for teens to date. The percentages of parents that allow dating at younger ages is always lower for female teens than male teens.

4. School programs in human growth and development

The 1998 Wisconsin School Health Education Profile,[2] a Wisconsin Department of Public Instruction survey, found:

- Ninety-six percent of schools reported having a required health education course.
- The majority of schools reported teaching approximately 16 topics related to HIV/AIDS education, including reasons for choosing sexual abstinence and correct use of condoms.
- Approximately 60 percent of schools teach about HIV infection/AIDS in 7th through 9th grade.
- HIV infection/AIDS education is taught in most (92 percent) health education classes and is commonly included in science and family and consumer education classes.

[2] The 1998 Wisconsin School Health Education Profile responses are representative of all secondary principals and lead health teachers in Wisconsin public schools.

- Approximately one in fifteen (7 percent) of schools reported that parental feedback had limited coverage in human growth and development related topics (e.g., human sexuality, pregnancy prevention), while one in nine (11 percent) indicated parental feedback resulted in expanding coverage in human growth and development related topics.
- About 40 percent of schools have a school health advisory council that meets on a regular basis to address school health policies or programs.
- Fifty-seven percent of schools have a written policy protecting the rights of students and/or staff with HIV infection/AIDS.

Human Growth and Development Committee Background for the Oconomowoc School District

(Note: The following is a sample community advisory committee background sheet of the Oconomowoc School District, Wisconsin.)

According to state statute, our school board appointed a 22-member community advisory committee to develop a human growth and development curriculum. In order to follow state statutes and to ensure that our community is well represented on the committee, the school district health coordinator:

1. Contacted the PTO/PTA organizations at each of the district's schools and asked them to provide a committee member from their school who would report back to those parents.

2. Contacted the Ministerial Association and asked them to provide a committee member from the clergy.

3. Sent notices out to all elementary teachers to ask for representatives from each grade level.

4. Requested that the health teachers from middle and high school participate on the committee.

5. Contacted district student services and asked that at least one guidance counselor participate on the committee.

6. Contacted district administrative council and requested representation.

7. Requested that the district nurse be on the committee.

8. Contacted the local medical association and asked them to provide a health care professional for the committee.

9. Contacted the high school student services and asked them to provide a list of students (juniors or seniors) who would be candidates for committee membership. Those students were then contacted for committee membership.

10. Contacted local papers to "notice" the formation of this committee and to ask anyone interested to contact the superintendent for committee membership.

This committee developed the objectives for the curriculum and the grade levels at which the objectives should be covered. The meetings were publicly noticed and time was allotted at each meeting for public input.

The school board adopted the curriculum as presented and directed the health coordinator to implement the objectives. Local teachers from each grade level met and developed the actual lessons and materials needed for each grade.

Guidelines for Opt Out Policies

This document is to be used by human growth and development (HGD) committees to help address questions surrounding parents who want to opt their children out of select topics in their school's curriculum.

- Wisconsin statutes provide specific opt out processes in the following areas:

Program Area	Opt Out Stipulated
Physiology and Hygiene	118.01(2)(d)2c
Alcohol and Other Drug Abuse (and controlled substances)	118.01(2)(d)2c
AIDS/HIV/STDs	118.01(2) (d)
Human Growth and Development	118.019

- Wisconsin statutes do *not* provide and legislative history does *not* support the use of the parental **opt in** method by local school districts where the **opt out** method is statutorily specified.

Possible Solutions to Opt Out Situations That Could be Addressed by HGD Committees

In a few situations, parents do not support their children receiving instruction in a particular curriculum area. This could happen in any curriculum area but topics such as human growth and development, child abuse and neglect, suicide prevention, and developmental guidance are some of the areas that are sensitive issues for some parents. Below are sample strategies a local school district can implement to handle **opt out** situations.

- Encourage communication about the issue. The HGD committee or school district should share textbooks, handouts, presentations, etc. and encourage concerned parents to review these materials. Sometimes parental objections may occur because parents have not had an opportunity to thoroughly review and discuss the curriculum. A respectful exchange where parents are comfortable sharing their concerns and the local school district has an opportunity to explain why they think this is an important curricular area will enhance the likelihood of parent acceptance of the curriculum.

- In a situation where a parent continues to object to their child participating in a curriculum, the parent may request a modification to that curriculum be developed for their child only pursuant to s. 118.15(1)(d) [compulsory school attendance]. The school board must respond to the parents' request in writing within 90 days. A modification such as an alternate lesson, if granted, should allow the student to meet graduation requirements and subsequently receive a diploma. If for some reason the modification jeopardizes meeting graduation requirements, it is important that the parents and student are aware of this consequence.

- Likewise, accommodations for the school district graduation standards defined in PI 8, Wis. Admin. Code [school district standards (a)–(t)] should still result in the meeting of requirements for a student to progress from elementary level to high school. In the event that the accommodation doesn't, this needs to be explained to the parents and students.

- The goals, standards, and graduation requirements are critical to ensuring young people are prepared to take their places as contributing, responsible, caring adult citizens. Outside the area of statutorily mandated courses, whether a parent is granted a request to have his/her child removed and provided an alternative activity remains, by statute, a matter of local school district control.

Opt Out Statutorial Provisions

Program Area	The School District Is Required To Include This Content Within The Curriculum (The Statute Area Enumerated)	Opt Out Stipulated
Physiology and Hygiene	Yes 118.01 (2)(d)2c	Yes 118.01 (2)(d)2c
Alcohol and Other Drug Abuse (and controlled substances)	Yes 118.01 (2)(d)2c	Yes 118.01 (2)(d)2c
AIDS/ HIV /STDs	Yes 118.01 (2)(d)2c	Yes 118.01 (2)(d)
Suicide	Yes 118.01 (2)(d)7	No Option to opt out
Child Abuse	Yes 118.01 (2)(d)8	No Option to opt out
Developmental Guidance	Yes 121.02 (1)(e) and PI 8.01 (2)(e)	No Option to opt out (unless the item has been identified as HGD by the district)
Human Growth and Development	No If curriculum is developed school boards are required to make the HGD curriculum and materials available for review by parents. 118.019(3)	Yes, if offered, need opt out to **not** participate. 118.019

(Note: Following is a sample of Eau Claire Area School District's support statement for their Human Growth and Development curriculum.)

WHY…Sexuality Education

Sexuality education is a lifetime process of acquiring accurate information and forming attitudes, beliefs and values. The primary goal of this education is to promote sexual health. In 1975, the World Health Organization defined sexual health as the "integration of the physical, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love." (National Sexuality Guidelines Task Force, 1991)

Sexuality education seeks to assist children in understanding a positive view of sexuality, provide them with information and skills to make decisions now and in the future. A comprehensive program presents concepts and topics in a developmentally appropriate manner. Key concepts will help students acquire an understanding of human development, relationships, personal skills, sexual behavior, sexual health and society and culture. (National Sexuality Guidelines Task Force, 1991)

An effective sexuality curriculum will involve parents, teachers, administrators, community members, and students in its development. The human growth and development curriculum in the Eau Claire Area Schools has been designed, approved and supported by the Human Growth and Development Advisory Committee. This committee includes representatives of community agencies, parents, students and faculty of the Eau Claire Schools. The committee reviews the curriculum at a minimum of once every three years and makes suggestions for continuous improvement.

For further clairification or questions, contact Health Coordinator, Eau Claire Area School District, (715) 833-3458.

(Note: The following is an example of the Eau Claire Area School District's Community Advisory Council Membership roles.)

Roles of Eau Claire Area School District Community Advisory Council Membership

This is based on the Comprehensive School Health Model

Youth Minister, Lutheran Church
YMCA Director
DHFS Social Worker
Elementary Principal
Middle School Principal
High School Principal
Director of At Risk Services
Director of Curriculum and Instruction
Director of Eau Claire County Human Services Department
Director of Youth Ministries, Catholic Church
Director of Community Services--private service provider
School Age Parent Program Director
County Health--School Nurse
County Sheriff Captain
PTA President
Parent Representation*
Project Coordinator for Eau Claire Coalition for Youth
AOD Counselor
Director of Triniteam--Local service provider
City of Eau Claire--Police Liaison Officer
Director of Big Brothers/Big Sisters
Representatives of classroom teachers from each level; i.e., elementary, middle and high schools.

*Many of these people are also parents, they are asked to consider their role as a parent as well as their professional perspective when we deal with issues.

Eau Claire Area School District
Human Growth and Development Committee
Ground Rules

1. One speaker at a time.
2. Confidentiality.
3. Silence equals consent.
4. Address the issue not the person.
5. Respect/honor others' opinions.
6. Disagree without being disagreeable.
7. Members who leave the committee can be replaced.
8. Time limits are set for meetings (two hours maximum).

Encouraging Involvement in a School District
Human Growth and Development Curriculum Survey

Dear Parents:

Wisconsin Statute 118.019 encourages schools to provide Human Growth and Development (HGD) instruction to students in grades K-12. Lessons should be developed for each grade level based on the maturity of students. At least every three years a community group made up of teachers, students, administrators, clergy, doctors or nurses, and parents meet to review what is taught in HGD.

We believe parents are the most important teachers of their children with the school as an active partner in helping students succeed. We believe that schools and parents must work together in HGD as well. What is taught should be based on what our community wants our young people to learn. This is where we need your help. The _____ public school district wants your ideas about what HGD topics you want your children to learn and at what grade level they should be taught.

We have attached a list of possible topics in HGD. Please take a few minutes to complete and return this survey. You might decide that a topic could be taught at more than one grade level, so please check all grades that you wish. *We do not believe all of these topics should be taught at all grade levels. We also know that some parents feel that some topics should not be taught at all. Please feel free to express your feelings about what should be part of a HGD class.*

Please return your survey to _____ at _____.
Questions may be directed to _____ at _____.

Sincerely,

_____
Chair, HGD Committee

_____
Director of Curriculum and Instruction

Survey of Human Growth and Development Topics and Issues

Topic or Issue	Grade levels this should be taught				never should be taught	comments
	K-2	3-5	6-8	9-12		
Human Development						
Anatomy & physiology of reproduction						
Body Image						
Prenatal development						
Puberty						
Sexual orientation						
Other:						
Relationships						
Adoption						
Dating						
Families						
Friendship						
Love						
Marriage & lifetime commitments						
Parenting						
Other:						
Personal Skills						
Assertiveness						
Communication						
Decision-making						
Finding help						
Negotiation & refusal						
Preventing sexual harassment						
Other:						
Sexual Behavior						
Abstinence						
Human sexual response						
Sexual dysfunction						
Sexuality throughout life						
Other:						
Sexual Health						
Contraception						
Date rape						
Reproductive health						
Sexual abuse						
STDs and HIV/AIDS						
Youth sexual health statistics						
Other:						
Society and Culture						
Gender roles						
Male and female responsibility						
Sexual stereotypes						
Sexuality & the law						
Sexuality & the media						
Sexuality and society						
Other:						

(Note: The following is a sample curriculum created by the Milwaukee Community Partnership.)

Local Community Experts Create School Curriculum
Milwaukee Community Partnership

The Need: Consistent human growth and development curriculum in schools. Outside assistance for many classroom teachers in teaching some of the more sensitive aspects of the curriculum. A way to judge the appropriateness of programming offered by multiple community organizations.

The Solution: A single curriculum created and presented by representatives from various community organizations

The Process:

- One lead agency created a curriculum development team from agencies that offer various human growth and development programs in the schools as well as grade level representation by teachers.
- The team chose a focus age level and target content areas.
- The curriculum includes segments for the classroom teacher to facilitate and segments for a trained outside agency staff member.
- Student, parent and classroom teacher materials.
- Curriculum is scripted in order to allow schools and parents to thoroughly understand the program prior to presentations.
- Training on the specific curriculum required of all agency/community presenters prior to facilitating in the schools.
- Program for all parents in the school on encouraging healthy sexuality which also reviews the targeted age level curriculum is also available.

The 4th/5th grade human growth and development curriculum has been collaboratively developed by the following community members and agency staff:

AIDS Resource Center of Wisconsin
Black Health Coalition
Children's Hospital of Wisconsin
City of Milwaukee Health Department
Family Service of Milwaukee
Health Education Center of Wisconsin
Junior League of Milwaukee
MMAPPC
Martin Luther King Center
March of Dimes
Milwaukee Public Schools
Milwaukee Urban League
New Concept Self Development Center
Northwest Health Center
Planned Parenthood of Wisconsin
Rosalie Manor
United Community Center
Wisconsin State Department of Health & Family Services

(Note: The following is a sample program created by Milwaukee health-related agencies.)

4th/5th Grade
Human Growth and Development
Introductory Program

This program was created by a collaboration of health-related agencies in Milwaukee in order to provide a consistent program for all schools. It was created in response to expressed frustration over the lack of consistency in the quality and content of the basic puberty education for fourth and fifth grade students across the system. This program could become a piece of an existing comprehensive program or it may be the foundation for human growth and development curriculum.

The program is led by individuals with a background in health education and specialized training to deliver this program in concert with grade level teaching staff.

Program Five Day Outline

Day 1
Led by Teacher

"All About Puberty"
- "All About Puberty" (5 min. video segment and activities)
- Ground Rules

Day 2
Led by Agency Facilitator

Introductions-boys and girls together (15 minutes)
Goals of the program: To understand anatomy, to understand the physical and emotional changes of puberty, to lessen fear or embarrassment, and to increase comfort with discussing the information with and adult.
Activity - "Show Me Where"
Boys and girls separated (60 minutes)
Facilitators will go over girls and boys anatomy and reproductive parts, menstruation, hormones, and the definition of sexual intercourse.

Day 3
Led by Teacher

Relationships and harassment
- "Puberty Review" and 5 min. video segment on harassment

Day 4
Led by Agency Facilitator

Boys and girls separated (15 minutes)
- Review of anatomy
- Myths
- Abstinence

Boys and girls back together (60 minutes)
Activity: "How I React to Change"
- What is a good Friend
- Harassment/role playing activity on harassment
- Review of week and final questions

Day 5
Led by Teacher

Choice of two activities
"Writing a personal letter"

The School Receives:
Curriculum packet with lesson plans and video for staff to use, script of segments to be led by outside facilitator, sample parent permission slips and parent handout materials.

More Questions?
Children's Hospital Health Education Center 414/765-9355

(Note: The following is the Oconomowoc Area School District's sample human growth and development curriculum.)

Oconomowoc Area School District
Oconomowoc, Wisconsin

Human Growth and Development Curriculum

August 1, 1996

Mission Statement

The Oconomowoc Area School District recognizes the primary role of parents as the human growth and development educators of their children. The role of the school shall be to offer a consistent K-12 program of instruction in the area of human growth and development to supplement and complement the standards established in the home, church, and community.

Goals

1. To encourage and promote communication between students and their families in the area of sexuality.

2. To enable students to feel comfortable about their physical development, their feelings, and their behavior.

3. To provide students with accurate information about human sexuality–including reproductive systems, puberty, hygiene, conception, prenatal development, childbirth, contraception pregnancy risks, and human development.

4. To teach students the skills to help them understand and develop healthy interpersonal relationships.

5. To provide accurate information about sexually transmitted diseases.

6. To teach the advantages of postponing sexual activity during adolescence by abstinence and sexual restraint.

I = Introduce Concept D = Develop Concept

Human Sexuality–Reproductive System

Learner Expectations:	K	1	2	3	4	5	6	8	10-12
1. The student will recognize the basic parts of the body and be able to name them using proper terminology.	I	D	D	D	D	D	D	D	
2. The student will recognize the structural differences between males and females.			I	D					
For Expectations 3-6, boys and girls will be separated in Grades 4 and 5.									
3. The student will be able to identify male and female reproductive organs.					I	D	D	D	D
4. The student will describe the functions of the male and female reproductive organs.					I	D	D	D	D
5. The student will be able to define ovulation.					I	D	D	D	D
6. The student will have an understanding of the significant changes in the female body, the process of menstruation, and its relationship to reproduction.					I	D	D	D	D
7. The student will identify appropriate care and common disorders of the reproductive organs.									I
8. The student will learn the proper techniques for self-examination of the reproductive organs.									I

Human Sexuality–Puberty

Learner Expectations:	K	1	2	3	4	5	6	8	10-12
1. The student will define puberty and tell when it occurs in boys and girls.					I	D	D	D	
2. The student will recognize that each individual will have his/her own rate and timetable of growth.	I	D	D	D	D	D	D	D	
3. The student will realize that "growth spurts" may occur during the period of adolescence.					I	D	D	D	
4. The student will explain what hormones are and the changes he/she cause during adolescence.					I	D	D	D	
For Expectations 5-6, boys and girls will be separated in Grades 4 and 5.									
5. The student will be aware that nocturnal emissions or "wet dreams" may begin with the onset of puberty.						I	D	D	
6. The student will define gynecomastia (male breast development) as being a normal occurrence.						I	D	D	
7. The student will identify physical/emotional changes that take place in boys and girls during puberty.					I	D	D	D	

Human Sexuality–Hygiene

Learner Expectations:

1. The student will learn that personal responsibility for hygiene promotes health and well being.
2. The student will learn which daily habits are needed for good hygiene.
3. The student will realize that personal hygiene enhances self-concept, shows respect for others, and increases the respect others have for you.

K	1	2	3	4	5	6	8	10-12
I	D	D	D	D	D	D	D	
I	D	D	D	D	D	D	D	
I	D	D	D	D	D	D	D	

Human Sexuality–Masturbation

Learner Expectations:

For this Expectation, boys and girls will be separated in Grades 4 and 5.

The student will be able to define masturbation and know that it is not physically harmful.

K	1	2	3	4	5	6	8	10-12
					I	D	D	D

Human Sexuality–Pregnancy Risks

Learner Expectations:

The student will identify risks involved with teenage pregnancy including premature birth, smaller babies, and poor diet.

K	1	2	3	4	5	6	8	10-12
							I	D

Human Sexuality–Prenatal Development/Childbirth

Learner Expectations:	K	1	2	3	4	5	6	8	10-12
1. The student will be able to describe the process of conception, prenatal development, and birth.					I	D	D	D	
2. The student will describe the development of the embryo and fetus.						I	D	D	
3. The student will describe the stages of labor and birth.								I	
4. The student will identify complications that can arise during pregnancy and birth.								I	D
5. The student will understand the difference between intentional and spontaneous abortion.					*	*	I	D	D
6. The student will know that physical features and growth patterns are determined by heredity.					I	D	D	D	
7. The student will realize that chromosomes from both parents carry genes that determine heredity.					I	D	D	D	
8. The student will realize that heredity and environmental factors can cause birth defects.					I	D	D	D	D
9. The student will recognize how nutrition and exercise affect the unborn.					I	D	D	D	D
10. The student will recognize how the misuse of smoking, drugs, and alcohol can be detrimental to the unborn.					I	D	D	D	D

Human Sexuality–Access to Information (Resources)

Learner Expectations:	K	1	2	3	4	5	6	8	10-12
1. The student will understand that the family can be the first resource in understanding human sexuality issues.			I	D	D	D	D	D	D
2. The student will identify other community resources available in understanding					I	D	D	D	D
3. The student will develop the communication skills needed to appropriately discuss issues and access information regarding sexuality.					I	D	D	D	D

Human Sexuality–Naturalness of Sexuality

Learner Expectations:	K	1	2	3	4	5	6	8	10-12
1. The student will recognize that sexuality is an important part of one's physical, emotional, and social development.					I	D	D	D	
2. The student will recognize that having sexual thoughts and feeling is common.					I	D	D	D	

Human Sexuality–Contraception

Learner Expectations:	K	1	2	3	4	5	6	8	10-12
1. The student will be able to explain that it is possible to plan or avoid a pregnancy and that decision is influenced by many factors.								I	D
2. The student will understand how reproductive systems are affected by contraceptive methods.								I	D
3. The student will define the different methods of birth control/disease prevention and tell how they work, given instructions for proper use, and list effectiveness rates, benefits, side effects, and contra-indications.								I	D
4. The student will recognize the importance of communications with others as it relates to contraception (for example: family, physician, clergy, health professional).								I	D
5. The student will recognize the mutual responsibility of males and females as it relates to the use of contraceptives.								I	D

Human Sexuality–Homosexuality

Learner Expectations:

A basic explanation of the following objectives may be given in Grades 4 and 5, only if asked for by a student.

Learner Expectations:	K	1	2	3	4	5	6	8	10-12
1. The student will be able to define homosexuality as the sexual preference by an adult toward a member of the same sex.							I	D	D
2. The student will recognize that curiosity about, affection toward, and friendships between people of the same sex are different than homosexuality.							I	D	D
3. The student will discuss the injustice of stereotyping people regarding homosexuality.							I	D	D
4. The student will be able to define bisexuality as a sexual preference toward members of both sexes.							I	D	D
5. The student will recognize that there are many theories as to the cause of homosexuality.							I	D	D

Sexually Transmitted Diseases

Learner Expectations:	K	1	2	3	4	5	6	8	10-12
1. The student will understand how to protect oneself from communicable diseases (universal precautions).	I	D	D	D	D	D	D	D	
2. The student will be able to describe the most common STDs, their symptoms and treatment, and be able to identify resources for diagnosis and care.								I	D
3. The student will understand how sexually transmitted diseases are acquired and how to protect oneself and others from related disease.								I	D
4. The student will understand how high-risk behaviors contribute to the spread of disease.								I	D
5. The student will understand that AIDS/HIV is a disease, and know how it is acquired and how to protect oneself and others from related illnesses.					I	D	D	D	
6. The student will recognize myths and misconceptions related to HIV disease and all STDs.								I	
7. The student will understand long-range effects of STDs.								I	
8. The student will understand the effects of STDs on a pregnant mother.								I	

Abstinence

Learner Expectations:	K	1	2	3	4	5	6	8	10-12
1. The student will realize the benefits of sexual abstinence in their lives.							I	D	D
2. The student will recognize the difference between appropriate affection and inappropriate advances and realize the possible consequences of those behaviors.	I	D	D	D	D	D	D	D	D
3. The student will be able to recognize the importance of the family in life and that the family will help shape values, habits, and attitudes.	I	D	D	D	D	D	D	D	
4. The student will understand peer pressure and describe the refusal skills needed to say "no" to behaviors that are inappropriate.	I	D	D	D	D	D	D	D	D
5. The student will recognize that there are internal and external pressures affecting personal decisions (for example: self-esteem, peer pressure, multi-forms of media).	I	D	D	D	D	D	D	D	D
6. The student will identify how family, religion, peers, and media influence sexual behavior.							I	D	
7. The student will understand that sexual feelings are not the same as sexual behaviors.					I	D	D	D	D
8. The student will be able to describe a range of behaviors that demonstrate affection and love.	I	D	D	D	D	D	D	D	D
9. The student will understand the responsibilities to self and others concerning dating.							I	D	D

Abstinence

Learner Expectations:	K	1	2	3	4	5	6	8	10-12
10. The student will identify preventative behaviors and risk situations that may result in intimate sexual behavior.								I	D
11. The student will understand that the majority of teenage pregnancies occur when one or both of the parties involved are under the influence of a controlled substance.								I	D
12. The student will understand that sexual intercourse during adolescence often does result in pregnancy, sexually transmitted diseases, as well as physical, emotional, and social problems.								I	D
13. The student will learn that he/she does not need to become sexually active to be acceptable, whole, or complete. Abstinence is an all-around normal and positive choice of behavior.								I	D
14. The student will understand that each person must accept responsibility for choices made.								I	

Relationships

Learner Expectations:	K	1	2	3	4	5	6	8	10-12
1. The student will describe the concept of friendship and develop an appreciation of the importance of friendship.	I	D	D	D	D	D	D	D	
2. The student will acquire information and develop attitudes and behaviors that will assist in getting along with others.	I	D	D	D	D	D	D	D	
3. The student will realize that there are responsibilities involved in friendships and caring relationships.	I	D	D	D	D	D	D	D	
4. The student will identify the qualities of a compatible marriage partner.									
5. The student will describe the factors that enhance a successful marriage.									
6. The student will understand the magnitude of the responsibilities of parenthood, as well as the commitment and skills needed for parenting.								I	
7. The student will define the four kinds of abuse (physical, sexual, emotional, and neglect).			I	D	D	D	D	D	
8. The student will be able to describe the components of an abusive relationship.								I	D
9. The student will identify self-protection strategies to protect against abuse.	I	D	D	D	D	D	D	D	D
10. The student will describe examples of sexual harassment and explain strategies to deal with uncomfortable situations.								I	D
11. The student will identify the four degrees of sexual assault and the penalties in the State of Wisconsin.								I	D
12. The student will identify resources to help victims of abuse.	I	D	D	D	D	D	D	D	D

Statement On School Position On Sensitive Issues In The Area Of Human Growth And Development

A clarification for parents of what the school and its representatives will not do in exploring these topics with children is presented here. These guidelines provide limits and direction to staff in teaching and responding to student questions about these topics. Parents are the primary educators of their children, and the school will rely on them to share the family's beliefs on these issues.

Intercourse (Penis Entering Vagina)

The school will **not**:

1. Condone sexual intercourse between teenagers outside of marriage, but will refer the student to family discussion.

2. Take a position on the right or wrong of intercourse outside of marriage between adults, but will refer the student to family discussion.

3. Go beyond a clinical definition of sexual acts not explicitly covered by the curriculum, but will refer the student to family discussion.

Contraception (Conscious Decision to Take Action to Prevent Pregnancy)

The school will **not**:

1. Take a position on the moral right or wrong of preventing pregnancy and the use of contraceptive methods, but will refer the student to family discussion.

2. Show actual examples of contraceptives until Grade 10.

3. Demonstrate contraceptive devices with actual products until Grade 10.

Homosexuality (Sexual Preference by an Adult Toward a Member of the Same Sex)

The school will **not**:

1. Explore what happens between two people of the same sex, but will refer the student to family discussion.

2. Take a position on the moral right or wrong of a homosexual life style, but will refer the student to family discussion.

Masturbation (Touching of the Genital Area to Obtain Sexual Pleasure)

The school will **not**:

Take a position on the moral right or wrong of the practice of masturbation, but will refer the students to family discussion.

Abortion (The Ending of a Pregnancy Through Artificially Chosen Methods or Natural Means)

The school will **not**:

Take a position on the moral right or wrong of intentional abortion, but will refer the student to family discussion.

(Note: The following is a sample of the Stoughton Area School District's Content Standards for Health Education.)

Relationship of WI Academic Standards to Human Growth and Development Objectives

WI Content Standard for Health Education	**A sampling of "WI Performance Standards for Health Education"**	**A sampling of Stoughton Human Growth and Development Objectives from** "Personal Health–Human Sexuality" strand
Understand concepts related to personal health promotion and disease prevention Practice behaviors to promote health, prevent disease, and reduce health risks	*By the end of grade 4* students will: • identify positive mental, emotional, social and physical factors that influence health	*Kindergarten*: Discuss respect for self and others. *First grade:* Discuss the importance of taking care of your body. Discuss respect for self and others. *Second grade:* Identify actions to keep his/her body healthy. Discuss respect for self and others. *Third grade:* Discussion actions to keep the body healthy. Discuss respect for self and others. *Fourth grade:* Describe the changes that occur during puberty in girls and boys. Discuss respect for self and others.
	By the end of grade 8 students will: • describe the interrelationship of mental, emotional, social and physical health during adolescence • describe ways to enhance health and reduce risks during adolescence	*Fifth Grade:* Describe the changes that occur in girls and boys during puberty. Explain that sexual intercourse can result in pregnancy and disease and can cause a person not to reach life goals. *Sixth Grade:* Describe the changes that occur in girls and boys during puberty. *Seventh Grade:* Identify the positive outcomes of abstinence. Discuss the importance of testicular self-examination Discuss the importance of breast self-examination and mammography in the early detection of breast cancer. *Eighth Grade:* Identify the positive outcomes of abstinence. Discuss the social and physical health problems associated with teenage pregnancy.
	By the end of grade 12 students will: • describe how to enhance health and reduce risks throughout life.	*High School:* Identify the responsibilities and consequence of sexual relationships. Identify the positive outcomes of abstinence.

WI Content Standard for Health Education	**A sampling of "WI Performance Standards for Health Education"**	**A sampling of Stoughton Human Growth and Development Objectives from** "Personal Health–Human Sexuality" strand
Demonstrate the ability to use goal-setting and decision making skills to enhance health Demonstrate the ability to advocate for personal, family, school and community health	*By the end of grade 4* students will: • predict outcomes of positive health decisions for themselves.	*Kindergarten:* Know reason for not sharing hats, combs, and clothes. *First grade:* Discuss how communicable diseases spread, e.g., common cold, chicken pox. *Second grade:* Describe ways that viruses may be spread (contact with body fluids and lack of personal hygiene) *Third grade:* Describe ways that viruses may be spread (contact with body fluids and lack of personal hygiene) *Fourth grade:* Discuss ways that communicable diseases can be prevented
	By the end of grade 8 students will: • analyze how decisions regarding health behaviors have consequences for themselves and others.	*Fifth grade:* Explain how HIV is transmitted through sexual intercourse or exposure to infected blood (e.g., piercing ears, becoming blood brothers, sharing a needle to body carve designing a tattoo, injecting illegal drugs). *Sixth grade:* Explain how HIV is transmitted through sexual intercourse or exposure to infected blood (e.g., piercing ears, becoming blood brothers, sharing a needle to body carve designing a tattoo, injecting illegal drugs). *Seventh grade:* Discuss the risk behaviors, signs and symptoms, and treatment of STDs including HIV. *Eighth grade:* Discuss the risk behaviors, signs and symptoms, and treatment of STDs including HIV.
	By the end of grade 12 students will: • predict immediate and long-term impacts of health decisions on the individual, family and community.	*High School:* Discuss the risk behaviors, signs and symptoms, and treatment of STDs including HIV. Discuss the spread of HIV infections in the United States and the world. Discuss universal precautions that prevent contact with body fluids.
Demonstrate the ability to access valid health information and services	*By the end of grade 4* students will: • identify valid health information, products, and services.	*Kindergarten:* Discuss why it is important to have vaccines to stay healthy. *First grade:* Identify ways the body protects itself from germs.

WI Content Standard for Health Education	**A sampling of "WI Performance Standards for Health Education"**	**A sampling of Stoughton Human Growth and Development Objectives from** "Personal Health–Human Sexuality" strand
		Second grade: Discuss that vaccines help the body to fight germ *Third grade:* Discuss that vaccines help the body to fight germs. *Fourth grade:* Describe the role of the immune system in protecting the body against disease.
	By the end of grade 8 students will: • analyze the validity of health information, products and services.	*Fifth grade:* Describe that STDs are caused by microorganisms such as bacteria and viruses. *Sixth grade:* Explain how the immune system protects the body against disease. *Seventh grade:* Identify ways that HIV infection does not occur. *Eighth grade:* Identify ways that HIV infection does not occur.
	By the end of grade 12 students will: • evaluate the validity of health information, products and services	*High School:* Differentiate between the terms HIV and AIDS. Identify agencies and treat communicable diseases or chronic disorders and describe their referral procedures.
Demonstrate the ability to use effective interpersonal communication skills to enhance health.	*By the end of grade 4* students will: • identify and demonstrate healthy ways to resolve conflict.	*Kindergarten:* Identify responsible persons with whom (s)he can talk about an unsafe touch/action. *First grade:* Identify ways to say "no" to an unsafe or unwanted touch/action *Second grade:* Discuss what to do should a bad touch occur. *Third grade:* Describe actions that may be taken should an unsafe touch/action occur. *Fourth grade:* Explain actions that may be taken should child abuse occur.
	By the end of grade 8 students will: • demonstrate strategies to resolve conflict in healthy ways	*Fifth grade:* Discuss actions that may be taken when abuse occurs. *Sixth grade:* Describe actions a child may take if sexual abuse occurs.

WI Content Standard for Health Education	**A sampling of "WI Performance Standards for Health Education"**	**A sampling of Stoughton Human Growth and Development Objectives from** "Personal Health–Human Sexuality" strand
		Seventh grade: Identify guidelines to follow should child sexual abuse occur. *Eighth grade:* Describe what to do if sexual harassment and/or assault occurs.
	By the end of grade 12 students will: • demonstrate strategies to solve interpersonal conflicts without harming self or others.	*High School:* Identify guidelines to follow should sexual abuse and/or harassment occur. Identify guidelines to follow to protect against date and acquaintance rape.

The Relationship Between Human Growth and Development Instruction and Wisconsin Health Education Standards

Educational reform has pointed out the need for standards to help school districts have a framework and foundation in developing curriculum, improving instruction, and creating quality assessment procedures. When the state health education standards were developed in 1997, the task force believed that if the standards were achieved by a student that student will become health literate. The traits of health literate citizens are that they are critical thinkers and problem solvers, they are self-directed learners, they can communicate effectively, and they are responsible and productive citizens.

The need for young people to develop literacy with respect to human growth and development is crucial to improving the health of the population and is supported in each of the content standards. The seven health education standards listed below (with grade level examples) show human growth and development instruction contributes to achievement.

A. Health Promotion and Disease Prevention: Students in Wisconsin will understand concepts related to personal health promotion and disease prevention.

A student completing an effective human growth and development program will be able to describe the structure and function of the reproductive system of the human body (grade 4), explain the relationship between positive health behavior and prevention of sexually transmitted diseases (grade 8), and analyze how behavior can impact remaining sexually abstinent (grade 12).

B. Healthy Behaviors: Students in Wisconsin will practice behaviors to promote health, prevent disease, and reduce health risks.

A student completing an effective human growth and development program will demonstrate ways to avoid and reduce threatening situations such as being harassed sexually (grade 4), analyze a sexual decision as to its consequences (grade 8) and evaluate the short and long term consequences of teen sexual activity (grade 12).

C. Goal Setting and Decision Making: Students in Wisconsin will demonstrate the ability to use goal-setting and decision-making skills to enhance health.

A student completing an effective human growth and development program will predict the outcomes of a positive health decision like abstinence (grade 4), analyze how teen pregnancy can affect family members and friends (grade 8), and predict the short and long term consequences HIV/AIDS will have on the

family, friends, and community if a family member has contracted the infection (grade 12).

D. Information and Services: Students in Wisconsin will demonstrate the ability to access valid health information and services.

A student completing an effective human growth and development program will explain how the media influences our decisions related to sexuality (grade 4), analyze the validity of information presented in the media that can affect our sexual decisions such as statistics related to HIV/AIDS infection (grade 8), and demonstrate the ability to access school and community services that affect our sexual health (grade 12).

E. Culture, Media, and Technology: Students in Wisconsin will analyze the impact of culture, media, technology, and other factors on health.

A student completing an effective human growth and development program will explain how family discussion about sexual issues influences positive health choices (grade 4), analyze how culture influences attitudes and behaviors surrounding abstinence (grade 8), and evaluate the impact of popular movies on our sexual decisions (grade 12).

F. Communication: Students in Wisconsin will demonstrate the ability to use effective interpersonal communication skills to enhance health.

A student completing an effective human growth and development program will demonstrate healthy ways to communicate feelings with significant people such as future dates or friends (grade 4), demonstrate strategies to resolve sexual harassment in effective ways (grade 8), and demonstrate ways to communicate care, consideration, and respect in dating situations (grade 12).

G. Advocacy: Students in Wisconsin will demonstrate the ability to advocate for personal, family, school, and community health.

A student completing an effective human growth and development program will identify groups that promote abstinence (grade 4), identify barriers to remaining abstinent (grade 8), and demonstrate skills to effectively advocate for abstinence as a positive health choice (grade 12).

The Wisconsin health standards are benchmarked at grades 4, 8, and 12. Grade 12 performance indicators serve only as exit level knowledge, performance, or proficiencies that a young person must achieve when they exit state schools. There is no reason that some of these performance indicators couldn't be placed at an earlier grade

level to fit into a school district curricular framework in human growth and development.

The value of human growth and development instruction as part of a comprehensive school health curriculum is clearly a goal that is supported by the State of Wisconsin Health Education Standards. A sound human growth and development curriculum is a valuable part of building the 21st century health literate citizen.

Linking Wisconsin's Model Academic Standards for Family and Consumer Education *a*nd Human Growth and Development Instruction

Families play a critical role in the cognitive, social, emotional, physical, and brain development of members throughout life. It is in the family that children and youth learn to function confidently in the world. For example, young people

- learn to relate to, care about, and help others;
- build interpersonal communication skills;
- develop planning, problem-solving, and decision-making skills; and
- form character and moral values.

The academic standards for Family and Consumer Education are formulated to support and complement the role of the family in nurturing members' growth and development. These standards focus on the qualities needed to become caring, productive, responsible, and contributing members of society and can be used in conjunction with standards in health education to develop health literacy about human growth and development for the twenty-first century.

Listed below are six Family and Consumer Education standards that show how human growth and development instruction at three different levels of study might contribute to meeting the standards. Because of variations in what, how much, and when core concepts in Family and Consumer Education are introduced to students in Wisconsin schools, the standards are not grade specific.[1] Rather, the standards indicate expectations of what students will do to show they have met content standards at introductory, intermediate, and advanced levels of study.

[1] Middle school and high school Family and Consumer Education programs often contain a combination of required and elective courses, and with few exceptions, family and consumer education programs begin in middle school not elementary school. Consistent with the national standards on human development, *Wisconsin's Academic Standards for Family and Consumer Education* are based on an instructional program that accommodates individual differences in learning needs and talents of all students. Thus, depending on students' prior knowledge, background, and experience, some of the performance indicators could be placed at earlier grade levels to fit into a school district's curricular framework for human growth and development.

Standard A: Continuing Concerns of the Family–Students in Wisconsin will understand the meaning and significance of the broad, continuing concerns of the family.

Students completing an effective human growth and development program in Family and Consumer Education will:

- **Introductory:** *explain how practical reasoning is used to address family-related concerns such as questions about establishing, maintaining, or improving intergenerational communication*

- **Intermediate:** *form sound conclusions about what should be done in specific situations such as interpersonal conflict situations portrayed in various media*

- **Advanced:** *use practical reasoning to investigate family-related concerns such as questions about forming healthy relationships*

Standard C: Family Action–Students in Wisconsin will understand and use reasoned action (communication, reflection, and application of technical information, methods, and tools) to address broad, continuing concerns of the family and to accomplish family goals.

Students completing an effective human growth and development program in Family and Consumer Education will

- **Introductory:** *practice interpersonal communication skills in the classroom and other social settings*

- **Intermediate:** *establish constructive patterns of communication within the family about human sexuality and responsible life choices*

- **Advanced:** *as input into the selection of potential individual, family or community action projects, conduct local focus groups to identify leading teen health concerns*

Standard D: Personal and Social Responsbility–Students in Wisconsin will assume responsibility as family members and citizens, and take informed, socially responsible individual, family, and community action.

Students completing an effective human growth and development program in Family and Consumer Education will

- **Introductory:** *apply citizenship values (respect) and work cooperatively to resolve school-related problems of physical or verbal abuse.*
- **Intermediate:** *show how to handle pressures to be sexually active consistent with respecting themselves and others*
- **Advanced:** *implement an individual, family or community action plan to address a social issue such as teen pregnancy or HIV/AIDS prevention*

Standard E: Work of Family–Students in Wisconsin will understand and actively use specific knowledge, attitudes, and skills related to creating conditions in the family and society to accomplish the work of the family.

Students completing an effective human growth and development program in Family and Consumer Education will

- **Introductory:** *identify family goals related to self-development such as building and maintaining trust*
- **Intermediate:** *access, analyze, and evaluate sources of information about human growth and development*
- **Advanced:** *design a child care discovery environment that supports early childhood brain development, for example, language development*

Standard F: Learning To Learn–Students in Wisconsin will reflect on their thinking, manage learning tasks, evaluate their work, monitor their progress and attitudes toward learning, and set new learning goals.

Students completing an effective human growth and development program in Family and Consumer Education will

- **Introductory:** *make simple plans for reaching learning goals such as developing skills related to staying safe and avoiding danger*

- **Intermediate:** *set personal learning goals related to accomplishing adolescent developmental tasks such as forming positive relationships or developing a set of ethical principles to guide behavior*

- **Advanced:** *plot a time/life line to show life goals based on an assessment of personal strengths and priorities*

(Note: *Adapted from the North Star Guide: Edgerton School District's Team Approach to Delivering Functional Skills.)*

Key Points That Need to be Addressed When Building Effective Human Growth and Development Programs For Special Populations

When addressing human growth and development instruction with developmentally disabled students, the following procedures need to be addressed:

1. Develop and implement an age appropriate, functional curriculum service delivery human growth and development model that includes appropriate integration and connections to the community.

2. Provide adequate staff development that emphasizes appropriate content and teaching strategies for the moderate/severely disabled in the regular education setting.

3. Promote quality planning time, problem solving, and teaching strategy time for teams to address students with severe disabilities.

4. Consistently review district programming and delivery services for disabled students.

5. IEP's (Individualized Education Program) should include some reference to human growth and development if relevant to the student.

6. Align the curriculum to national health education standards and appropriate benchmarks based on the disability.

7. Develop alternative standardized or performance assessments depending on the disability.

8. Identify appropriate educational resources for your curriculum.

9. Develop an effective communication strategy to connect to the home environment.

10. Provide parental educational opportunities in human growth and development so they can support their child's experiences in this sensitive area.

11. Create a source of materials on this subject matter for both teachers and parents.

12. Provide a written report of skills that the student did not master or did master as well as skills students are attaining or those skills that need to be dropped.

13. Provide a safe and engaging learning environment for all students.

Standard A: Continuing Concerns of the Family–Students in Wisconsin will understand the meaning and significance of the broad, continuing concerns of the family.

Students completing an effective human growth and development program in Family and Consumer Education will:

- **Introductory:** *explain how practical reasoning is used to address family-related concerns such as questions about establishing, maintaining, or improving intergenerational communication*

- **Intermediate:** *form sound conclusions about what should be done in specific situations such as interpersonal conflict situations portrayed in various media*

- **Advanced:** *use practical reasoning to investigate family-related concerns such as questions about forming healthy relationships*

Standard C: Family Action–Students in Wisconsin will understand and use reasoned action (communication, reflection, and application of technical information, methods, and tools) to address broad, continuing concerns of the family and to accomplish family goals.

Students completing an effective human growth and development program in Family and Consumer Education will

- **Introductory:** *practice interpersonal communication skills in the classroom and other social settings*

- **Intermediate:** *establish constructive patterns of communication within the family about human sexuality and responsible life choices*

- **Advanced:** *as input into the selection of potential individual, family or community action projects, conduct local focus groups to identify leading teen health concerns*

Standard D: Personal and Social Responsbility–Students in Wisconsin will assume responsibility as family members and citizens, and take informed, socially responsible individual, family, and community action.

Students completing an effective human growth and development program in Family and Consumer Education will

- **Introductory:** *apply citizenship values (respect) and work cooperatively to resolve school-related problems of physical or verbal abuse.*
- **Intermediate:** *show how to handle pressures to be sexually active consistent with respecting themselves and others*
- **Advanced:** *implement an individual, family or community action plan to address a social issue such as teen pregnancy or HIV/AIDS prevention*

Standard E: Work of Family–Students in Wisconsin will understand and actively use specific knowledge, attitudes, and skills related to creating conditions in the family and society to accomplish the work of the family.

Students completing an effective human growth and development program in Family and Consumer Education will

- **Introductory:** *identify family goals related to self-development such as building and maintaining trust*
- **Intermediate:** *access, analyze, and evaluate sources of information about human growth and development*
- **Advanced:** *design a child care discovery environment that supports early childhood brain development, for example, language development*

Standard F: Learning To Learn–Students in Wisconsin will reflect on their thinking, manage learning tasks, evaluate their work, monitor their progress and attitudes toward learning, and set new learning goals.

Students completing an effective human growth and development program in Family and Consumer Education will

- **Introductory:** *make simple plans for reaching learning goals such as developing skills related to staying safe and avoiding danger*

- **Intermediate:** *set personal learning goals related to accomplishing adolescent developmental tasks such as forming positive relationships or developing a set of ethical principles to guide behavior*

- **Advanced:** *plot a time/life line to show life goals based on an assessment of personal strengths and priorities*

(Note: The following brochure is being reprinted with permission from Planned Parenthood of Tomkins County's Education and Training Department.)

10 Tips for Parents on Talking about Sex with a Child Who Has Developmental Disabilities

Sex is a part of life.
Be prepared.
Talk about it!

1. Use as many pictures as you can. Photos of family or friends can be a springboard for talking about relationships and social interactions.

2. Use repetition with small amounts of information spaced out over time.

3. Make a full body chart; this is a concrete way to show where body parts are and what they do.

4. For more involved tasks (i.e., personal care during menstruation) try to break down the activity into several steps, review the steps often, providing feedback and praise.

5. Practice talking! Provide practice situations for your child to try out their communication skills.

6. Utilize all available resources. Visit the library, use the Internet, access books and videos about talking to your kids about sexuality.

7. Network with other parents, share your insights and listen to theirs.

8. Recognize and validate your child's feelings–this is a unique opportunity to get to know them better.

9. Don't be afraid to say, "I don't know the answer to that question," but be sure to follow up with "Let's find out together!"

10. No one approach is best. As a parent, you have the opportunity to investigate, experiment, be creative and learn from your successes and mistakes!

Would you like more information…..

To order more copies of this pamphlet or find out about other educational materials available from Planned Parenthood of Tompkins County's Education & Training, please call (607) 273-1526, ext. 126.

The mission of the education and training department is to encourage acceptance of responsible sexuality as a positive force that improves the quality of life.

Sex is a part of life.
Be prepared.
Talk about it!

Communication is more than just knowing what to say, it's about how to say it, too. The more you use your communication skills, the more confident you'll be tackling conversations about tough and exciting sexuality issues.

We're here to support your efforts…

Planned Parenthood®
Of Tompkins County

Education & Training Department
314 West State Street
Ithaca, New York 14850
www.sextalk.org

pamphlet text
by Lisa Maurer & Maureen Kelly

Cultural Competence and Human Growth and Development

"Cultural competence" is a set of skills that will help you increase your understanding and appreciation of your own and different cultures. The primary goal is to foster a continued process of reflection, practice, and assessment to create curriculum, instruction, and a classroom climate that is culturally responsive. It is important for the human growth and development (HGD) educator as well as the HGD curriculum committee to develop a HGD curriculum that will meet the needs of ALL students in the school.

The HGD committee has to be aware of the factors that contribute to reaching a population that holds different cultural beliefs than the those held by the majority of the teachers and students in that district. Some of the cultural factors that are critical in building an effective HGD curriculum are family values and beliefs, the student's perceptions of the topic based on cultural background, and the ability to communicate within their culture as well as in the classroom.

These are some hints that could be helpful to both the HGD committee and the HGD instructors in building "cultural competency" into the HGD curriculum and classroom:

1. Understand that ALL students bring a unique perspective, based on race, ethnicity, gender, socio-economic status, ability, sexual orientation, etc., to the classroom.
2. Understand that different cultures address sensitive subjects differently within the home environment, which could include not addressing the subjects.
4. Understand that different cultures have different family and child-rearing principles.
5. Collaborate with public health personnel that provide services to different communities in your area; they may be a great resource for culturally responsive materials.
6. Seek multicultural training opportunities for yourself and continue the process of building cultural competence in all ways available to you.
7. Support the active involvement of ALL parents as the primary human growth and development teachers of their children.
8. Model willingness to hear ideas different from your own, and encourage students to learn about cultures and how different cultures address HGD issues.
9. Model willingness to face your own misconceptions about various cultures, and encourage students to do the same.
10. Actively apply multiple strategies in HGD instruction.

Resources

Cultural Awareness and Sensitivity: Guidelines for Health Educators
AAHE
1990 Association Drive
Reston, Virginia 22091

A Youth Leader's Guide to Building Cultural Competence
Advocates for Youth
1025 Vermont Avenue, N.W. Suite 200
Washington, D.C. 20005

Human Growth and Development (HGD): Cultural responsiveness to diverse classrooms

Becoming Culturally Responsive

Being culturally responsive to diverse classrooms is the mark of a competent and caring professional educator. Building this responsiveness has three parts: exploring your own beliefs and culture, getting to know your students as individuals and not as representatives of their cultural group, and developing culturally responsive curriculum and instruction.

1. Exploring your own beliefs and culture

Often, our cultural ways are so natural to us that we fail to realize that not everyone shares them. These unexamined biases are barriers to working effectively with students who are different from yourself, as surely students in your classroom will be.

Some questions that might begin the process of examining your cultural background and life experiences include[1]:

Acculturation

- If your family immigrated to the United States, how long has your family been here? How long have you been in the United States? Did your family come voluntarily to the United States?
- If you are American Indian, what is your family's history?
- What values, beliefs, customs, traditions, or behaviors have you retained or adopted from your family history? Has that changed over the years?

Citizenship Status

- What is your citizenship status? What is the status of members of your family? What are the reasons behind having or not having U.S. citizenship in your family? Do you or any of your family have dual citizenship?
- Do you or your family members plan to stay in the U.S. or do you or they hope to return to your family's homeland?

Communication

- What language or dialect is spoken in your home? Is it different or similar to the language used in your household growing up? Is there a generational split among your family members with regard to speaking English versus another language?

[1] From SA Messina, A Youth Leader's Guide to Building Cultural Competence (Washington, D.C.: Advocates for Youth, 1994).

- Are there certain non-verbal signals that you consider polite or rude, such as eye contact, physical closeness, or tone of voice?
- Do children or teens in your family have the same rights to speak as adults?

Family

- What is your family structure? Who is considered to be a member of your family? Are there individuals who are not blood relatives but who are considered family such as longtime friends, neighbors, or godparents?
- What are/were the expectations of what responsibilities you have to your parents or family? What responsibilities did/do your parents and other family members have to you?
- Are there any openly gay, lesbian, bisexual or transgender members of your family, including you? Are they acknowledged? Accepted?

Gender

- Did your family encourage both yourself and members of the other sex to stay in school? Play sports? Help at home? Be assertive? Go to college? To work outside the home?
- Did your family expect either males or females to be more knowledgeable, interested or experienced in dating, sex, parenting, or wage-earning? Were you allowed to socialize in co-ed groups? Is one gender supposed to be more interested in monogamy or abstinence before marriage?

Health and Safety

- How is illness treated in your family? Do certain behaviors or beliefs play a role in illness? What behaviors or remedies were used to prevent or cure illness?
- Are emotional, mental, physical, and spiritual factors included in your definition of health?
- When and how do you seek medical treatment? Do you have medical insurance?
- What is the degree of violence in your community? How has that had an impact on you?

Poverty and Economic Concerns

- What was the standard of living in your family when you were growing up?
- Have you or your family members ever received public assistance? How has that influenced your perspectives?

Race and Ethnicity

- What races and ethnicities are represented in your family? How often do you think about your race or ethnicity?
- How has the United States treated people of similar race and ethnicity to you and your family? What laws and policies have affected people of similar race and ethnicity to you?

Sexual Orientation

- What is your sexual orientation? Are you gay, lesbian, bisexual or transgender? If yes, when did you come out to yourself? Are you out to friends? Family? Employers and co-workers? Why or why not?
- How have people of similar sexual orientation been treated by our society? How has that had an impact on you?

2. Getting to know the young people in your program as individuals and not as representatives of their cultural group[2]

As a caring adult who works with youth, you already know how important it is to become acquainted with the unique personalities of each young person in your classroom. You know that every teenager has his or her own likes, dislikes, experiences, sense of humor, ambitions, attention span, skills, personal style and family situations. A big part of the fun of working with a group of young people is getting to know them as individuals and working with the diversity they bring to the group.

As you focus on building cultural competence, be sure that you *continue* to view the young people in your program as individuals. Beware of the temptation to quickly explain behavior as the result of culture. Do not expect any individual student to be the ambassador for their racial or ethnic group or to be able to explain the group's entire range of cultural beliefs.

3. Developing culturally responsive interactions, curriculum and instruction, and classroom climate

Being colorblind is not the answer! Culturally responsive teaching demonstrates the teacher's commitment to his or her students because the teacher recognizes that race, ethnicity, class, gender, ability, sexual orientation, and other factors influence how students learn. It is critical to create a curriculum and teach students in a way that honors and shares these different influences. One manifestation of the teacher's commitment is to design curriculum and instruction with input and attention to as many of the cultural factors as possible.

It may not be possible for you to learn in depth about every one of the cultural components that are represented in your students. Focus your efforts on learning what is most important to know about the specific cultural backgrounds from which your students come. Working on HGD, you already know that you will want to concentrate on cultural beliefs, attitudes, and behaviors about sexuality, gender roles, communication, health, families and children.

[2] From SA Messina, A Youth Leader's Guide to Building Cultural Competence (Washington, D.C.: Advocates for Youth, 1994).

You will want to pay particular attention to issues around poverty and money, which are often "hidden" cultural factors. Research indicates that the sexual behaviors that put young people at risk for HIV/AIDS and unwanted pregnancy are tied to what teens see in their future, which corresponds often to socio-economic status. To provide your students with culturally responsive and useful information related to HGD, consider providing information on the availability of low- or no-cost contraception, including condoms, and the availability of community resources for medical, housing and other assistance for your students and their families.

Strategies for Building Cultural Competence[3]

As a teacher who cares about cultural competence, you want to provide students with effective programs that engage them, speak to their cultural experience, reinforce positive health messages received at home and help them be comfortable with their racial, ethnic, gender, ability, sexual orientation, and other identities. Some tips for doing that include:

1. Find the cultural beliefs and practices that reinforce the attitudes and skills your program seeks to build. Be creative and accurate in using traditions that can inform and shape a variety of program activities.
2. Include guest speakers or volunteers who share the same race, ethnic, gender, ability, socio-economic, sexual orientation, etc., background as students. Have both men and women involved in your classroom.
3. Assume there is a wide range of views, particularly about sexuality issues, in your classroom. Understand how some of the HGD messages might be the same as, or different from, family values and practices.
4. Model willingness to hear and accept ideas different from your own.
5. Encourage the involvement of your teens' family members in classroom curriculum and activities.
   - Reach out to families. Plan family-based experiences during hours convenient for families.
   - In planning family involvement, however, bear in mind that not all families show involvement in the same way that you would show family involvement.
6. Make sure that activities, discussions, videos, written materials, and guest speakers reflect the cultural and ethnic diversity of the students, the community and society in general. Choose wisely: a terrific video featuring urban African-American teens would be an excellent selection for urban African-American teens, but may be inappropriate for a middle class suburban African-American group.
7. Build alliances across student groups by using structured and purposeful activities. Mix students up in teams and partnerships and have them work together to reach a common goal.
8. Support young people's exploration of their ethnic and racial identity.

[3] From SA Messina, A Youth Leader's Guide to Building Cultural Competence (Washington, D.C.: Advocates for Youth, 1994).

- Help young people understand that loyalty to one group does not mean disloyalty to another. Ethnic or racial pride does not mean rejection of other groups. Bi- and multi-racial teens, in particular, need help in this area.
- Recognize the power of your influence on the students in your classroom and be mindful of biases you might have about what identities teens should assume.

9. Support young people's sexual orientation.
    - Learn about the range of issues related to teens and sexual orientation. Seek further resources if this topic is unfamiliar.
    - Know that it is highly likely that some young people in your classroom may identify themselves as gay, lesbian, bisexual, or transgender. Understand that they may **or may not** have engaged in same-gender sexual behavior; a lesbian, gay, bisexual, or transgender orientation involves more than just sexual identity.
    - Make your classroom a safe place for lesbian, gay, bisexual and transgender young people by ensuring that disrespectful language and comments are not allowed to pass unchallenged.
    - Know what community resources exist to support lesbian, gay, bisexual and transgender youth.
10. Engage young people in open and on-going dialogues regarding stereotypes, bias and discrimination and the limits they impose.
11. Seek multicultural training opportunities for yourself and continue the process of building cultural competence in all ways available to you.

Developed by Courtney Reed Jenkins, Gender Equity Consultant, WI Department of Public Instruction (July 2001)

Curriculum: _____

How would you assess your curriculum based upon the principles of effective classroom instruction described in the Wisconsin Department of Public Instruction's document, *The Power of Teaching*?

Directions: Rate your curriculum by circling the appropriate number (1-5) and add your ratings to get a total score and see if your curriculum has got the POWER!

Characteristic of Effective Classroom Instruction on Health & Safety Issues	**Rating** Not at all				Completely
	1	2	3	4	5
Assessment: Assesses prior student knowledge, attitudes and skills at beginning of instructional unit	1	2	3	4	5
Content: Includes accurate and up-to-date information on health promotion and risk behaviors	1	2	3	4	5
Includes accurate information on norms and strategies to foster correct beliefs about norms	1	2	3	4	5
Includes a strong focus on life skills, including:					
Critical thinking skills (decision-making, problem-solving, etc.)	1	2	3	4	5
Communication skills	1	2	3	4	5
Stress management skills	1	2	3	4	5
Goal setting skills	1	2	3	4	5
Advocacy skills	1	2	3	4	5
Emphasizes key concepts that cut across many health and safety issues, including:					
Influences	1	2	3	4	5
Consequences	1	2	3	4	5
Safety/health promotion	1	2	3	4	5
Responsibility, rules and boundaries	1	2	3	4	5

Characteristic of Effective Classroom Instruction on Health & Safety Issues	Rating Not at all				Completely
Emphasizes a few concepts and skills, but in considerable depth	1	2	3	4	5
Instructional Strategies: Incorporates multiple instructional strategies, including:					
Interactive, hands-on activities	1	2	3	4	5
Cooperative learning	1	2	3	4	5
Self-assessment	1	2	3	4	5
Other strategies	1	2	3	4	5
Provides flexibility for teacher to enhance curricula	1	2	3	4	5
Includes strategies to build safety and community in the classroom	1	2	3	4	5
Includes strategies to reinforce messages in other school and community experiences.	1	2	3	4	5
Involves parents and family	1	2	3	4	5
Access and Implementation: Barriers (cost, need for specialized training, portability, durability of materials) are minimal.	1	2	3	4	5

Total Points: (add rating for each item from both sides)_____

The curriculum...

- 88-110
  has many positive curricular issues.
- 66-87
  has some positive curricular issues, but may not have everything needed to make this an effective curriculum.
- 44-65
  has some definite problems and is in need of revision.
- 22-43
  does not fit any of the criteria needed for effective classroom instruction and is in critical need of revision.

Comments:

(Note: The following is Issue Brief, Number 11, March 15, 1993, published by the National School Boards Association.)

National School Boards Association

ISSUE BRIEF NUMBER 11****ISSUE BRIEF NUMBER 11*****ISSUE BRIEF NUMBER 11

March 15, 1993

Controversy and Pressure Groups

One of the many strengths of a comprehensive school health program is that it treats the health risks facing our students in a holistic manner. A comprehensive program addresses issues that may stir controversy in our communities, such as a facts-based approach to sex and HIV/AIDS education and school-based health services. Managing controversy is one of the most difficult and critical aspects of implementing a truly effective program; however, a health program that does not honestly address controversial issues in an age- and culturally-appropriate manner is, at best, ineffectual in helping children make appropriate choices and avoid risky behaviors.

Concerns about various components of your district's school health program can arise both from within your community and from organized groups based outside your district. While we as school representatives welcome, even thrive on, the diversity of our society–whether political, religious, or cultural–and welcome discussion from all, eventually someone has to make the final decision regarding the context and the content of your programs. When disagreements about what should be included arise, local citizens generally will be more responsive to negotiation and problem-solving within the confines of the school setting. Statewide or national organizations tend to have an agenda, which transcends district interests, and, so, are less likely to be open to negotiation. Remember, the best defense to challenges is a good offense. It is important to have the appropriate policies in place prior to controversy. Good policy on curriculum selection and instructional materials development will help you outline a strategy for dealing with challenges to board decisions. Make sure you have considered the following:

An up-to-date policy on selection of curriculum and materials, and program planning. Make sure your policy is well defined and accessible to the public.

- Having a citizens' advisory committee to aid this process will help build a coalition of advocates for the curriculum. If you choose to convene a committee, make sure it has a wide range of representation and includes professional curriculum experts and persons knowledgeable in health topics.

- Providing a period for written public comment on the proposed curriculum and program plan can alert you to the attitudes of special interest groups in the community and may give you advance warning of organized opposition to your program components.
- Having the materials available for public viewing at the school district office, the public library, or some other equally accessible place will serve a two-fold purpose; giving those truly interested a chance to be involved in the process, and providing a response to later challenges that citizens were unaware of the contents of the curriculum or materials.

A policy regarding complaints and/or reconsideration of existing curricula, instructional materials or program procedures.

- This may be your most potent weapon against attacks on existing components. If you choose to create this policy, make sure it is very specific about the way challenges are to be brought. Many districts, which have survived pressure group tactics, have said that time was their most effective ally. An established process very often has the effect of dissipating a bandwagon mentality. Making opponents adhere to a strict code of behavior as outlined in a policy, allows the board and the superintendent to keep control of volatile situations.
- If an unexpected challenge should arise at public board meetings, make sure everyone follows the procedural rules for that meeting. Do not allow people to speak out of turn, yell, exceed the time limit, or bring any type of voice enhancement devices (e.g. microphones or megaphones), and make sure both challengers and defenders get equal access to floor time.
- When first confronting these challenges it is important to listen and not become defensive. Assess the situation; find out more about the challenge, discuss the issue among the board after you have all the facts and, then, begin the process of resolving the controversy. If you appear unreasonable or dogmatic at the outset, you may galvanize resistance among community members who have not yet made up their minds.

Bear in mind that all groups have a constitutional right to be heard, and that there are times when material in the curriculum should be removed. Not all challenges are negative in nature. When your school board decisions are challenged by groups, the following recommendations from school board members who have been "through the mill" may be helpful:

- Be prepared by keeping abreast of which organizations are making challenges in your state. Periodic monitoring of newspaper editorial columns and metro pages may alert you to the presence of organizations moving into your area. Keep in touch with board members and superintendents of nearby districts. If you are the subject of a challenge, make sure neighboring districts know about it so that they can

prepare themselves for similar disputes. Knowledge about organizations that make it their business to challenge school curricula and operations can be critical.
- Research the challenging organization's tactics carefully. Some use legal jargon to confuse and disrupt meetings, often incorrectly quoting from state or local guidelines as a basis for the challenge and sometimes using blatant misrepresentation of facts.
- Don't allow a group to "divide and conquer" the board members. Remember you are a team and you have approved these programs as a team. Designate a representative from the board or the superintendent to field all questions on the subject under debate. If citizens attempt to contact other board members, agree that each of you will make no comment on the subject and will refer all questions to the designated spokesperson.
- Remember, when conflict arises, it affects everyone from the school board members and superintendent to the classroom teachers and students. Keep your teachers, librarians, administrative staff and classroom volunteers informed about your support for these programs and your desire for everyone to continue "business as usual," or advise them of your reasons for changing positions.

Community involvement and support are critical in defending against group challenges. Be prepared by knowing your strengths and using them to your best advantage. Know and cultivate your allies.

- Opponents will come looking for you, so it's your job to go looking for community support before controversy arises. If you have included local citizens in the curriculum selection process, it is likely that your decision is in sync with the community. Therefore, pressure groups are subverting the process; it is then, your responsibility to protect the interests of the larger community and it is their responsibility to help you.
- Ask the heads of community organizations for their support if challenges should arise.
- Establish a citizens' advisory committee to review new curriculum and programs and do not forget to include local media representatives on your committee. Newspaper, television and radio personnel not only report on what is happening, they are also citizens who live, vote, and send their children to school in the community.

You will not be able to stop the challenges, nor should you want to do so. You do want to ensure that you have a strong curriculum selection, program planing and review policy that provides for appropriate response to legitimate concerns. These policies, along with community involvement in your schools and a school board committed to the process, can provide your best defense. Remember, you have chosen these program components with the best interests of your students and your community in mind and are making a good faith effort to protect those charged to you from making unhealthy and risky decisions. You have a right and a responsibility to give them the most comprehensive program you can.

ORGANIZATIONS THAT CAN HELP

People for the American Way
2000 M Street, NW
Suite 400
Washington, DC 20036
(202) 467-4999

National Coalition Against Censorship
2 West 64th Street
New York, NJ 10023
(212) 724-1500

Education Commission of the States
707 17th Street
Suite 2700
Denver, CO 80202
(303) 299-3600

Office of Intellectual Freedom
American Library Association
50 East Huron Street
Chicago, IL 60611

National Education Policy Network &
Office of General Counsel
National School Boards Association
1680 Duke Street
Alexandria, VA 22314
(703) 838-6722

your state school boards association

For more information contact:

School Health Programs
National School Boards Association
1680 Duke Street
Alexandria, VA 22314
(703) 838-6722; schoolhealth@nsba.org

(Note: The following is an excerpt from **Someone at School Has AIDS**, *National Association of State Boards of Education, 1996. Reproduced with permission.)*

Developing school policies concerning HIV infection

Step 1: Clarify the need for a new or revised policy concerning HIV infection. Gather ideas from school staff members and the policy recommendations contained in Chapter II. Review existing policies on health, safety, students with disabilities, employees with chronic diseases, confidentiality, and health education.

Write a brief description of the issues that need to be addressed.

Step 2: Critically assess the existing policy development *process*. Before working on HIV-related policies it might be necessary to revisit the "foundation policies" that express an educational vision and define policymaking participants, protocols, timelines, and how to involve the public. For example, rules governing the conduct of speakers at hearings and meetings can help to defuse controversy–but only if adopted before the need arises.

Step 3: Use established procedures to bring the policy needs to the attention of the decision making body (e.g., the school board).

Be prepared to suggest who should work to draft or revise a policy. A School Health or Safety Advisory Committee is a natural forum for considering HIV-related policy ideas. Its backing can help begin to build a broad base of community understanding and support. If such a committee does not exist, an appointed special task force can draft policies.

To the extent possible, a policy drafting body should include:

- ★ Parents, guardians, and/or family member of students.
- ★ Teachers and administrators.
- ★ School health staff, pupil services personnel, building maintenance workers, food workers, bus drivers, and/or others.
- ★ Middle and high school students, both because the policies directly affect them and they provide a valuable "reality check."
- ★ Medical advisors knowledgeable about child development and school health issues.

- ★ Attorneys familiar with federal, state, tribal and/or local laws as they impact schools.

- ★ People living with HVI infection because their experiences are informative.

- ★ A broad range of community representatives with diverse perspectives, such as clergy, racial and ethnic group leaders, and members of influential organizations. The process can build bridges of respect among those with dissimilar viewpoints and constituencies. Participation in the give-and-take discussions increases their understanding of the many factors policymakers must balance.

- ★ Public health and social services agencies, youth serving organizations, AIDS services organizations, and other community-based organizations, to enhance cross-agency coordination. Consider including those who work with youth who are at highest risk for HIV infection, such as injectable drug users, runaway and homeless youth, or gay youth.

- ★ A collective bargaining agreement might require that a teachers' association or school employee union representative be included in the process.

Identify a staff professional who could provide research and writing support to the policy drafting committee.

Draft for the school board's consideration a clear written mandate for the committee, with a specific action timeline.

Step 4: Assemble information on federal, state, and tribal laws and regulations; sample policies; and information on the most current scientific and medical findings about HIV infection. Call on colleagues, local community experts, and state and national agencies and organization for assistance.

Step 5: Conduct study sessions for both the committee and the school board on the facts and their major policy options. It is critical that everyone clearly understands the legal parameters. Arrange for short presentations by credible experts, with ample opportunities for members to pose questions and express their concerns and perspectives. Open meeting laws might require that these sessions be public.

Step 6: Draft policy language, drawing on the information gathered and the values and experiences of committee members. Following are some guiding principles:

- ★ Use clear language and accurate terminology (see Appendix D), avoiding education, medical, and legal jargon to the extent possible.
- ★ The policy should provide practical guidance to school staff members on how to address specific issues.
- ★ Be consistent with state, district, and school visions for student learning, education reform efforts, and other current initiatives.
- ★ Review the draft language again and again for consistency with federal, state, tribal, and local laws and regulations.
- ★ Build in accountability–cite who will be held responsible for doing what.
- ★ Include provisions for policy evaluation and periodic review.

Step 7: Allow time for committee members to share draft policies with their constituencies, gather opinions, and report back to the full committee.

Step 8: Prepare the final draft for presentation to the school board.

Begin to develop a proactive communications plan to explain the issues and build support among staff members and the public (Chapter III). Also prepare a controversy management plan, just in case.

Step 9: Provide requested support as the decision making body commences the policy adoption process according to its established procedures.

Step 10: Once adopted, implement the communications plan to inform and educate the community about the policy. Prepare fact sheets, talking points, and other written materials. Translate the policies into other languages as needed so that staff members, the public, and students can easily understand them. Schedule and conduct information sessions for the media and parent groups.

Step 11: Implement the policies.

THE FOCUS

WASB
WISCONSIN ASSOCIATION OF SCHOOL BOARDS

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CONTROL OF COMMUNICABLE DISEASES IN THE SCHOOLS

Each year, people of all ages are exposed to one form of a communicable disease or another in their daily lives – whether it is in their home, while they are participating in a public function or interacting with their family and friends, or even attending school. The risk of actually contracting such a disease, however, varies depending upon the type of disease and the ways in which it is transmitted.

School officials can take a proactive approach to controlling the spread of communicable diseases in the school setting by developing written policies and procedures that address: (1) the measures necessary to protect the health and welfare of all students and staff and (2) the actions to be taken for the immediate care of students or staff who have or are suspected of having a communicable disease.

It is important for school boards and administrators to consult with local health departments and health care professionals when developing and implementing school district communicable disease control policies and procedures. These agencies and individuals can provide accurate, up-to-date information about communicable diseases, the ways in which they are spread, the ways people can reduce the likelihood of infecting themselves or others, and actions to take should exposure occur.

This issue of ***The FOCUS*** will provide guidance to school officials in the development and implementation of communicable disease control policies and procedures. School officials may want to refer to the following issues of ***The FOCUS*** for related information: school district immunization plans (5/91), animals and the schools (7/97), controlling the transmission of head lice in the schools (3/98), administering medications to students (6/96) and emergency nursing services (8/89).

Communicable disease control policies and procedures are an important component in providing a healthy school environment for students and staff.

GENERAL CONSIDERATIONS

When developing and/or updating school district communicable disease control policies and procedures, school officials should keep in mind the following key considerations:

- **Safe and Healthful Facilities** – It is the responsibility of school boards under sections 121.02(1)(i) and 254.56 of the state statutes and PI 8.01(2)(i) of the Wisconsin Administrative Code to maintain safe, healthful, clean and sanitary facilities for students and staff.

  School districts must comply with all regulations, state codes and orders of the Department of Health and Family Services (DHFS) and Department of Commerce

and all applicable federal and local safety and health codes and regulations. Maintenance procedures and custodial services must be conducted in such a manner that the safety and health of persons using the facilities are protected.

- **Immunization Requirements** – Section 252.04(2) of the state statutes requires any student admitted to any elementary, middle, junior or senior high school to, within 30 school days of admission, present written evidence of meeting state immunization requirements. Immunizations are required for mumps, measles, rubella (German measles), diphtheria, pertussis (whooping cough), poliomyelitis, tetanus and any other disease that the DHFS specifies by rule (e.g., hepatitis B). Immunization requirements may be waived if the student, if an adult, or the student's parent/guardian submits a written statement to the school objecting to the immunization for reasons of health, religion or personal conviction. School boards are required by section 120.12(16) of the state statutes to develop an immunization plan annually in cooperation with local public health agencies. Such plans must be submitted to the DHFS by September 1 every year. (Refer to the 5/91 issue of ***The FOCUS*** for more information on immunization plans.)

- **Communicable Disease Reporting** – Under section 252.21(a) of the state statutes, if a teacher, school nurse or principal of any school suspects that a communicable disease is present in the school he/she must notify the local health officer at once in accordance with established state regulations. The Wisconsin Division of Health groups reportable communicable diseases into three categories, according to proposed changes in Chapter HFS 145 of the Wisconsin Administrative Code which become effective April 1, 2000:
  - *Category I* diseases are of urgent public health importance and must be reported immediately to the local health officer upon identification of a case or a suspected case. In addition to the immediate report, a written report must be made on the required reporting form within 24 hours. Examples of such reportable diseases include, but are not limited to measles, rabies (human), tuberculosis, foodborne or waterborne outbreaks and hepatitis A and E.

  - *Category II* diseases must be reported on the required reporting form or by other means within 72 hours of identification of a case or suspected case. Examples of such reportable diseases include, but are not limited to lyme disease, meningitis (bacterial and viral), mumps, salmonellosis, sexually transmitted diseases, varicella (chicken pox – reported by number of cases only) and suspected outbreaks of other acute or occupationally-related diseases.

  - *Category III* diseases include acquired immune deficiency syndrome (AIDS) and human immunodeficiency virus (HIV) infection and must be reported to the state epidemiologist on the required reporting form or by other means within 72 hours after identification of a case or suspected case.

The proposed changes to the state regulations regarding communicable disease reporting (Chapter HFS 145) clarify the authority of designated public health officials in preventing, suppressing and controlling communicable diseases.

When it comes to the attention of a designated public health official that a person is known to have or is suspected of having a contagious medical condition which poses a threat to others, the official may direct that person to comply with any of the following, singly or in combination, as appropriate:

(a) participate in a designated program of education or counseling;
(b) participate in a defined program of treatment for the known or suspected condition;
(c) undergo examination and tests necessary to identify a disease, monitor its status or evaluate the effects of treatment on it;
(d) notify or appear before designated health officials for verification of status, testing or direct observation of treatment;
(e) cease and desist in conduct or employment that constitutes a threat to others;
(f) reside part-time or full-time in an isolated or segregated setting which decreases the danger of transmission of the communicable disease; and/or
(g) be placed in an appropriate institutional treatment facility until the person has become noninfectious.

When a person fails to comply with a directive as outlined above, the public health official who issued the directive may petition a court of record to order the person to comply.

According to the proposed changes in the communicable disease reporting state regulations, a person may be considered to have a contagious medical condition that poses a threat to others if that person has been medically diagnosed as having any communicable disease and exhibits any of the following:
(a) a behavior which has been demonstrated epidemiologically to transmit the disease to others or which evidences a careless disregard
(b) for the transmission of the disease to others;
(b) past behavior that evidences a substantial likelihood that the person will transmit the disease to others or statements of the person that are credible indicators of the person's intent to transmit the disease to others;
(c) refusal to complete a medically directed regimen of examination and treatment necessary to render the disease noncontagious;
(d) a demonstrated inability to complete a medically directed regimen of examination and treatment necessary to render the disease noncontagious;
(e) misrepresentation by the person of substantial facts regarding the person's medical history or behavior, which can be demonstrated epidemiologically to increase the threat of transmission of disease; or
(f) any other willful act or pattern of acts or omission or course of conduct by the person which can be demonstrated epidemiologically to increase the threat of transmission of disease to others.

The proposed state regulation changes state that a person may be suspected of harboring a contagious medical condition which poses a threat to others if that person exhibits any of the factors noted above and, in addition, demonstrates any of the following without medical evidence that refutes it:

(a) has been linked epidemiologically to exposure to a known case of communicable disease;

(b) has clinical laboratory findings indicative of a communicable disease; or

(c) exhibits symptoms that are medically consistent with the presence of a communicable disease.

Designated health officials are also empowered under the proposed state regulation changes to direct persons who

own or supervise real or physical property or animals and their environs, which present a threat of transmission of any reportable communicable disease, to do what is reasonable and necessary to abate the threat of transmission.

- **Excusing Students and Staff from School/Work** – Section 252.21(6) of the state statutes authorizes any teacher, principal or nurse serving a school to send home, for the purpose of diagnosis and treatment, any student suspected of having a communicable disease or having any other disease or condition having the potential to affect the health of other students and staff, including but not limited to head lice and scabies.

  The proposed changes in the communicable disease reporting state regulations require the teacher, principal or nurse authorizing this action to ensure that the following persons are immediately informed of the action and the reasons for the action:

  (1) the parent, guardian or other person legally responsible for the child or other adult with whom the child resides, and
  (2) the nurse serving the child's school.

  A teacher who sends a student home must also notify the principal of the action and the reasons for the action. The Department of Public Instruction's 1998 publication entitled "***School Nursing and Health Services – A Resource and Planning Guide"*** provides guidance for school districts when making these decisions. Before excluding a student from school, DPI recommends that the school nurse or an administrator determine, in conjunction with a physician or the district's medical advisor and based on medical findings, whether there is an actual risk of transmission of the suspected or actual case of a communicable disease in the school setting.

  According to the DPI, "The district should weigh the ease of communicability of a specific illness or condition in the school setting with the risk it poses to students or staff." For example, while colds are easily transmittable, most pose little health risk to students and staff. Therefore, students with colds need not be excluded from school unless they feel unable to participate in their normal school activities. However, measles, which is also easily transmittable in the school setting, poses a high degree of risk to students and staff, including possible serious long-term health problems. Consequently, there may be a greater need to exclude from school students with measles or who are suspected of having measles.

  According to the DPI, "The district should not exclude students from school when the risk of transmission in the school setting is nonexistent or when the district can control the risk of transmission through education of students and staff members and/or through the use of supplies to implement hygiene measures."

  The compulsory attendance law does not apply to any student who is excused from school attendance because the student is temporarily not in proper physical condition to attend a school program, but who can be expected to return to a school program upon termination or abatement of the illness or condition. The school attendance officer may request the parent/guardian of the student to obtain a written statement from a licensed physician as sufficient proof of the physical condition of the student.

  Employees who are diagnosed as having a communicable disease that poses a significant risk of transmission to others in the school environment or that renders them unable to perform their duties adequately may be excused from work, consistent with

collective bargaining agreement provisions and legal requirements. Such decisions should made in consultation with health care professionals.

Before making a determination that an employee should be excused from work, designated school officials should inform the employee of the reasons for the contemplated action and consider any information the employee may choose to offer regarding his/her condition. Consideration should also be given to whether a reasonable accommodation could eliminate the health risk to the employee or others and/or permit adequate performance. (Refer to the section below on "Equal Educational and Employment Opportunities" for more information on reasonable accommodations.)

School food service employees should refrain from handling food while they have a disease in a form that is communicable by food handling, according to state law and regulations.

School districts should have a sound basis for excusing a student or employee from school attendance or work as outlined above and should monitor the condition of students and employees so excused to ensure that they are not denied the opportunity to attend school or work any longer than necessary.

School districts may also want to give special consideration to students and employees with suppressed immune systems who may have a higher-than-normal risk of severe complications from common communicable diseases. If school officials know this information, they should make an effort to monitor the school environment for health threats and excuse these students and employees from school to protect them during an outbreak of a communicable disease in the school setting.

- **Equal Educational and Employment Opportunities** – State and federal nondiscrimination laws prohibit discrimination on the basis of a student's or employee's disability or handicap. Communicable diseases can constitute a disability or handicap under both state and federal law.

  School officials should abide by state and federal laws relating to the education of students with disabilities or handicaps when making educational placement decisions regarding students with disabilities and those whose communicable diseases appear serious enough to qualify as a disability or handicap.

  State and federal nondiscrimination laws prohibit employment discrimination against an individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the employment position. Examples of reasonable accommodations include, but are not limited to: making a work area accessible and usable, restructuring the job, changing work schedules, offering part-time work and acquiring remedial equipment or devices.

  According to information found in the November 1992 WASB Legal Services Membership ***"Legal Notes"*** entitled "An Overview of the Americans with Disabilities Act: Employment Provisions", an accommodation is not reasonable if it results in undue hardship to the employer or when an individual poses a "direct threat" to the health or safety of other individuals in the workplace. In determining whether undue hardship exists, the employer should consider the following factors: (1) the type and cost of the accommodation; (2) the size and financial resources of the employer, and (3) the overall impact of the accommodation on the business operations.

  In determining whether the risk to the health

or safety of other individuals in the workplace is significant enough to justify exclusion of disabled individuals from the workplace, the employer should consider the following factors: (1) the duration of the risk, (2) the nature of severity of the potential harm, (3) the likelihood of potential harm, and (4) the imminence of potential harm. According to information in the WASB ***"Legal Notes"***, "Such a determination must be based upon an objective analysis of the facts of the case, rather than generalized fears."

Section 252.14(2) of the state statutes prohibits any person who has access to a validated test result with respect to an individual who has AIDS or has a positive test for the presence of HIV, antigen or nonantigenic products of HIV or an antibody to HIV to discriminate against such persons solely because the individual has HIV infection or an illness or medical condition that is caused by, arises from or is related to HIV infection. Such persons may not, among other things, isolate the individual unless medically necessary or subject the individual to indignity, including humiliation, degrading or abusive treatment. (Refer to the ***Policy Processes at Work*** section of this publication for additional information on HIV/AIDS policy development and educational programs.)

Students or employees who believe they have been discriminated against may file a complaint in accordance with established discrimination complaint procedures.

- **Physical Examinations/Tests** – Section 118.25(2) of the state statutes requires all school employees who come in contact with children or who handle or prepare food for children while they are under the supervision of school authorities to have a physical examination, including chest x-ray or tuberculin test, as a condition of employment. Freedom from tuberculosis in a communicable form is a condition of employment.

An employee may be exempt from the physical examination requirement for religious reasons if an affidavit has been filed with the school board claiming such exemption. The board may, however, require a health examination if there is reasonable cause to believe that such an employee is suffering from an illness detrimental to the health of students.

Additional physical examinations may be required of employees at intervals determined by the school board. School officials should keep in mind that under provisions of the Americans with Disabilities Act of 1990 such examinations may only be required if they are job-related and consistent with business necessity. Also, school officials should keep in mind any applicable provisions of current collective bargaining agreements.

With the increase of tuberculosis in certain populations in Wisconsin, the DPI advises districts to consult with their local public health department, school nurse and medical advisor to establish appropriate ongoing physical examinations and TB screening requirements for employees.

School districts in counties having a population of less than 500,000 may require periodic health examinations of students by physicians, under the supervision of local health departments and the DHFS and may pay the cost of such examinations out of district funds.

According to section 103.15 of the state statutes, no employer or agent of an employer may directly or indirectly: (1) solicit or require as a condition of employment of any employee or prospective employee a test for the presence of HIV, antigen or nonantigenic

products of HIV or an antibody to HIV; and (2) affect the terms, conditions or privileges of employment or terminate the employment of any employee who obtains a test for the presence of HIV, antigen or nonantigenic products of HIV or an antibody to HIV. Any agreement by an employer or agent of the employer and an employee or prospective employee offering employment or any pay or benefit to an employee or prospective employee in return for taking a test for the presence of HIV or an antibody to HIV is prohibited.

Exceptions to either of the above provisions may only be made if the state epidemiologist determines and the secretary of health and family services declares that individuals who have HIV infections may, through employment, provide a significant risk of transmitting HIV to other individuals.

- **Employee Occupational Exposure to Blood or Other Potentially Infectious Materials** – School boards, as employers, are required by federal regulations related to occupational safety (29 CFR, Part 1910 – Subpart Z) to provide for the protection of employees who may be occupationally exposed to blood or other potentially infectious materials on the job. "Occupationally exposed employees" include those employees who may have reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials in the performance of their duties. "Good Samaritan" acts such as assisting a co-worker with a nosebleed would not be considered occupational exposure.

  To comply with legal requirements, school districts must:

  (1) Establish a written exposure control plan. The district should identify the tasks and procedures where exposure may occur, identify the positions whose duties include these tasks (e.g., school nurse, custodians, athletic coaches), include an explanation of when and how the provisions of the plan will be implemented, and develop a procedure for evaluating exposure incidents.

  (2) Implement engineering and work practice controls, including procedures for handwashing, cleaning, handling contaminated materials and for disposing of hazardous waste within school buildings and facilities.

  (3) Provide personal protective equipment to employees with a potential for exposure at no cost.

  (4) If it is determined that there is possible employee exposure to hepatitis B, make free hepatitis B vaccinations available to the employee. If an employee initially declines vaccination but later decides to accept vaccination, it must be made available.

  (5) Provide training to employees who have a potential for exposure. Training must be provided upon initial employment and at least annually and whenever a change in working conditions increases potential exposure.

  (6) Provide medical follow-up and counseling for employees after an exposure incident.

  (7) Maintain records on exposure incidents, post-exposure follow-up, hepatitis B vaccination status and training as required by law.

  For additional information, refer to the October 1993 WASB "Legal Comment" entitled "Health and Safety Precautions for School Districts", found in

the ***Wisconsin School News***.

The DPI has a model bloodborne pathogens exposure control plan, which is available upon request. For a copy of the plan, contact the Student Services/Prevention and Wellness Team at the DPI, (608) 266-8960.

- **Student and Staff Health Records** – School districts are required to maintain the confidentiality of student and staff health-related records in accordance with state and federal laws and regulations.

  According to section 118.125(2m) of the state statutes, any student record that relates to a student's physical health and that is not included in the student physical health records definition under state law must be treated as a patient health care record. The student physical health records definition includes basic health information about a student, including, for example, a student's immunization records, emergency medical card, a log of first aid and medicine administered to the student and a record concerning the student's ability to participate in an education program.

  Since records relating to a student's specific communicable disease do not seem to be covered in the student physical health records definition, school districts may need to keep such records confidential and only release them under the following conditions:

  - The records may be released with the informed consent of the patient or a person authorized by the patient.

  - The records may be released without informed consent to a district employee or agent if: (1) the employee or agent has responsibility for preparation and storage of patient health care records, or (2) access to the patient health care records is necessary to comply with a requirement in federal or state law.

  Patient health care records relating to a district employee may also only be released under the conditions outlined above.

  Under the Americans with Disabilities Act, information obtained from required employee medical examinations must be collected and maintained separate from other personnel records and be treated as a confidential medical record. The ADA only authorizes the following individuals to have access to such information:

  (1) supervisors and managers may be informed regarding necessary restriction on the work or duties of the employee and necessary accommodations;
  (2) first aid and safety personnel may be informed, when appropriate, if the employee's disability might require emergency treatment; and,
  (3) governmental officials investigating compliance with the ADA shall be provided relevant information on request.

  According to section 103.13(5) of the state statutes, a district employee or the employee's designated representative may inspect any personal medical records concerning the employee in the district's files. If the district believes that disclosure of an employee's medical records would have a detrimental effect on the employee, the district may release the medical records to the employee's physician or through a physician designated by the employee. In the latter case, the physician may release the medical records to the employee or to the employee's immediate family.

  Any student or employee record that concerns the results of a test for the presence of HIV, antigen or nonantigenic products of HIV or an antibody to HIV may not be

disclosed unless the subject of the test first provides informed consent for disclosure, except as otherwise provided in section 252.15(2) of the state statutes.

- **Health Education –** School boards are required by section 118.01(2)(d)2c of the state statutes to provide an instructional program designed to give students knowledge of physiology and hygiene, sanitation, the effects of controlled substances upon the human system, symptoms of disease and the proper care of the body. Instruction in physiology and hygiene must include instruction on sexually transmitted diseases and must be offered in every high school.

  No student may be required to take instruction in these subjects if his/her parent/guardian files a written objection thereto with the teacher.

  If a student does not take instruction in the above health-related subjects as a result of parental objection, the student may not be required to be examined in the subjects and may not be penalized in any way for not taking such instruction. If the subjects receive credit toward graduation, the district may require the student to complete an alternative assignment that is similar to the subjects in the length of time necessary to complete.

  A school board may also provide an instructional program in human growth and development in grades K-12, according to section 118.019 of the state statutes. Instruction may be provided in, among other areas, responsible decision making and personal responsibility, interpersonal relationships, discouragement of adolescent sexual activity, protective behavior and human sexuality, including HIV and AIDS. If provided, the instructional program must offer information and instruction appropriate to each grade level and the age and level of maturity of the students.

  School districts that provide human growth and development instruction are required to annually provide the parent(s)/guardian of each student enrolled in the district with an outline of the human growth and development curriculum used at their child's grade level and information regarding how the parent(s)/guardian may inspect the complete curriculum and instructional materials. No student may be required to take instruction in human growth and development or in the specific instructional subject areas if the student's parent/guardian files with the teacher or school principal a written request that the student be exempted.

COMMUNICABLE DISEASE CONTROL POLICIES

Wisconsin school districts have established a variety of communicable disease control policies and procedures. The following is only one example. Others are enclosed in this publication.

According to the communicable disease control policy adopted by the ***Crandon School Board***, the district will comply with applicable public health reporting requirements and assist state and county health agencies to promote good health practices within the educational setting and community. The district recognizes the public concern over the spread of communicable diseases in the school setting and also recognizes the right of individuals afflicted with communicable diseases to continue education or employment where possible.

Under board policy, students or staff may be sent home from school-related activities if they are suspected of or diagnosed as having a communicable disease that poses a significant health risk to others or that renders them unable to adequately perform their jobs or pursue their studies.

Procedures developed to implement board policy provide guidance regarding educational and preventative measures, confidentiality and reporting, sending students and employees home from school and the protection of

immunodeficient employees and students. A summary of the district's procedures is outlined below:

- Educational and Preventative Measures – Immunization records will be maintained and reviewed on a regular basis for each student and appropriate reports will be filed as required by law. Supplies for reducing the risk of transmission of communicable diseases will be available in each building and in first aid kits. A list of communicable diseases as defined by DHFS will be posted in the health station in each building. Staff will follow infection control procedures outlined in the district's exposure control plan to prevent the spread of communicable diseases. The district will provide information regarding the suppression and control of communicable diseases as a regular part of the health curriculum for students and as an annual review for employees regarding the exposure control plan.

- Confidentiality and Reporting – The principal and the school nurse will serve as the district's liaison with students and staff, physicians, parents/guardians, public health officials and the community concerning communicable disease issues in the school. Any person who knows or suspects that a student or staff member has a communicable disease will report the facts to the principal. However, the name of an HIV infected individual cannot be shared unless a written consent authorizing disclosure is obtained from the infected individual or their parent/guardian. Communicable disease reports will be made to local public health officials as required by law.

  The district will maintain the confidentiality of health information of students and staff and only disclose such information to the extent required or permitted by law. All medical information and other documentation pertaining to an HIV infected individual will be kept in a locked file. Access to this information will only be granted to those persons who have signed consent.

- Sending Students or Employees Home from School – Students who are suspected of having a communicable disease may be sent home for diagnosis or treatment. The principal, in consultation with the district nurse, public health officials and/or health care team will make this determination. The health care team may include the school nurse, principal, the student or student's parent/guardian (to the extent their cooperation can be obtained), the public health officer, the student's physician (as determined by the student and parent/guardian).

  A student may be sent home from school when there is a significant health risk to others in the normal course of his/her school day:

  - Students in the infectious stages of a serious airborne transmitted communicable disease.

  - Students in the infectious stage of an oral/fecal communicable disease who are unable to hygienically manage their bowel and bladder functions.

  - Students with a disease which may be transmitted by blood or body fluids, who have open lesions and who's developmental level or behavior patterns makes it difficult to prevent spreading the underlying infection.

  - Students who have a nuisance disease (e.g., head lice) that may be transmitted through direct contact with others.

  According to district procedures, a student may not be sent home from school

when the risk of transmission of a communicable disease is negligible in the school setting such as: transmission can only occur through sexual or intimate contact or transmission can be controlled through education of students and staff and/or provisions of supplies to carry out preventative measures. Students diagnosed with HIV infection will be allowed to attend school in their regular classroom setting unless they meet one of the specific reasons for exclusion. These decisions will be made on an individual basis by the health care team and be based on an objective assessment of the affected student's neurological development, physical condition and behavior.

Students suspected of having a disability due to their health condition may be referred for an initial evaluation or reevaluation to the building individualized educational program (IEP) team. Alternative educational opportunities shall be arranged for a student who has been sent home from school due to a communicable disease as determined appropriate and necessary.

Parents/guardians or adult students who dispute the decision to send a student from school may appeal the decision in accordance with established district procedures.

According to district procedures, employees may be excluded from work and work-related activities if they are suspected of or diagnosed with a communicable disease that poses a significant health risk to others or that renders them unable to adequately perform their duties. Staff excluded due to these concerns may appeal their exclusion in accordance with district grievance/complaint procedures.

If there is a reasonable cause to believe a staff member has a communicable disease that could be detrimental to the health of self or others in the school environment, the district will require a medical examination of the staff member at district expense to obtain a physician statement. In determining if an employee may be excluded from work, the district administrator will:

- Inform the employee of the reason for the contemplated action.
- Consider any information the staff member may choose to offer regarding his/her condition.
- Consider whether a reasonable

accommodation could eliminate the health risk to the staff member or

others and/or permit adequate performance.

- Consult with the health care team to determine whether and under what circumstances a staff member's communicable disease poses a significant health risk to others in the school environment or makes adequate performance possible.

- Provide written notice to any employee excused from work as a result of this procedure.

An employee who is excused may utilize any applicable alternative employment opportunities provided by existing board policies and/or collective bargaining agreement provisions.

- Protection of Immunodeficient Employees and Students – If an employee, adult student or student's parent/guardian informs the school nurse or principal that they have an immunodeficiency and may be at risk of suffering severe complications when other diseases are present in the school environment, the following steps will be taken:

  - The school nurse or principal will notify the employee, student or parent/guardian at their request when such communicable diseases are present or reported to the school.

  - Employees who may be exposed to a significant health risk because of their own immunodeficiency may request to be excused from their responsibilities as per their collective bargaining agreement.

  - An adult student or the parent/guardian of a minor student may request that the student be excused from school attendance from the principal.

POLICY PROCESSES AT WORK

ADDRESSING AIDS/HIV IN POLICIES AND EDUCATIONAL PROGRAMS

"People who are infected or affected by HIV or AIDS should not be treated any differently from other members of the school community," according to Brian Weaver, sex education consultant with the Department of Public Instruction. "Over time we have come to learn that HIV is difficult to transmit. If comprehensive communicable disease control policies and procedures are in place and enforced, the school environment can be healthy and safe."

When developing policies and procedures for dealing with students and staff with HIV or AIDS, Weaver said school districts should make sure they address issues of nondiscrimination, confidentiality, disclosure of HIV-related information, accommodations for students and staff who are HIV infected or who have AIDS (e.g., special education services, work accommodations), instruction on HIV infection and other communicable diseases and policy enforcement. In addition, districts should establish the exposure control plan required by law related to bloodborne pathogens, including HIV and AIDS, provide the required training to employees and provide the appropriate personal protective equipment necessary to implement the exposure control plan.

Weaver believes it is very important for school districts to provide for HIV and AIDS education. "Sexually active adolescents are a major concern in Wisconsin and effective school-based HIV prevention is a crucial component in the development of healthy and sexually responsible youth," said Weaver. According to Weaver, Wisconsin adolescents (ages 15-19) have the highest sexually transmitted disease infection rate of any age group. For example, in 1998 there were over 6000 cases of chlamydia, nearly 2000 cases of gonorrhea and nearly 300 cases of herpes reported to the Department of Health and Family Services by people under the age of 20.

For a HIV/AIDS education program to be effective and successful, according to Weaver, it first needs the support of parents and the community and should reflect the community's norms and values. At a minimum, an effective HIV/AIDS education program needs to:

- include accurate and up-to-date information;
- develop skills and competencies;
- include critical thinking and self-reflective capacities that go beyond acquisition of knowledge;
- emphasize what is the real normative behavior relative to risk behaviors for people of this age group, culture and social background;
- provide age-appropriate, hands-on, interactive activities that will engage the learner; and
- be integrated across grade levels, courses and content areas.

"An effective HIV/AIDS education program also provides professional development activities on HIV/AIDS education for school staff on a regular basis and involves parents, guardians and other interested community members in the education of students," said Weaver. Districts should work in partnership with families, students and the community in the development, implementation and evaluation of the HIV/AIDS education program.

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WASB Code: 453.3-Rule

EPS Code: JHCC-R

COMMUNICABLE DISEASES

The School District of West Salem recognizes the responsibility and expertise of the LaCrosse County Health Department in safeguarding the health and welfare of students and staff. The district also recognizes its responsibility to follow state and federal regulations for the control of communicable diseases.

Any person who knows or suspects that a student or staff member has a communicable disease shall notify the building principal. The building principal shall in turn notify the school nurse who shall contact the LaCrosse County Health Department or state epidemiologist when required. The parents/guardians of a student shall be notified by the building principal or other designated personnel. Students and staff suspected of having a communicable disease shall be isolated and sent home for purposes of diagnosis and/or treatment.

Students and staff may be excluded from school and/or school-related activities if they are suspected of or diagnosed as having a communicable disease that poses a significant health risk to others or that renders them unable to adequately pursue their studies or perform their jobs. Students and staff who are excluded shall be excluded until a physician allows them to return to school. Students and staff excluded from school pursuant to this policy may appeal their exclusion in accordance with established procedures.

Each case shall be assessed on an individual basis, using current literature, state and local recommendations and policies, state statutes and administrative codes. A team effort including school nurse, school staff, health department staff and any appropriate medical consultants shall be utilized to prevent the transmission of communicable diseases.

All information reported under this policy shall remain confidential in accordance with state and federal law.

SOURCE: SCHOOL DISTRICT OF WEST SALEM

APPROVED: November 14, 1995

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WASB Code: 453.3-Rule

EPS Code: JHCC-R

COMMUNICABLE DISEASES

The health and safety of students and staff will be the primary consideration in dealing with communicable disease. The Board of Education recognizes its responsibility for preserving the safety, protecting the general welfare, and promoting the physical, mental and emotional health of individual students and employees and the student body and staff. This policy's intent is to minimize interruptions to the educational program of the Medford Area Public School District Schools.

The Medford Area Public School District shall follow federal regulations, state statutes, administrative rules, city ordinances, and the procedures required by the State Department of Public Health regarding communicable disease. The Board will utilize the services of a medical advisor and legal counsel when necessary.

While participating in school-related activities or while on school premises, no student shall refuse to interact or work with other students or staff because they have (or may have) a communicable disease if the communicable disease does not pose a significant health risk to others. The determination of whether a communicable disease poses a significant health risk to others shall be made by the District school nurse in consultation with the District medical advisor in accordance with established guidelines. Said determination shall be based solely upon the available medical evidence.

No employee shall refuse to perform his/her duties or refuse to work with, or provide services to, students or staff because they have (or may have) a communicable disease if the communicable disease does not pose a significant health risk to others. The determination of whether a communicable disease poses a significant health risk to others shall be made by the District school nurse in consultation with the District medical advisor in accordance with established guidelines. Said determination shall be based solely upon the available medical evidence.

CROSS REF.: Communicable Disease Control Procedures

SOURCE: MEDFORD AREA SCHOOL DISTRICT

APPROVED: November 17, 1994

Sample policies are distributed for demonstration purposes only.
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Madison, WI 53703

WASB Code: 453.3-Rule

EPS Code: JHCC-R

COMMUNICABLE DISEASE CONTROL PROCEDURES

1. Exclusion of Students

   a. Students who are suspected of having a communicable disease that could be detrimental to the health of self or others in the school environment may be sent home for diagnosis and treatment. Students who are diagnosed as having a communicable disease that renders them unable to pursue their studies or poses a significant risk of transmission to others in the school environment shall be excused from school attendance until their presence no longer poses a threat to the health of themselves or others.
   b. The determination as to whether, and under what circumstances, a student may be sent home for diagnosis and treatment or excused from school attendance shall be made by the District school nurse, and where appropriate, with the advice of the District medical advisor.
   c. For students with previously identified disabilities, the District school nurse, in consultation with the student's principal and the District's Director of Special Education, may refer this determination to the individualized education program (IEP) team. The normal membership of the IEP team making any such determination should be supplemented to the extent possible by the student's physician and parent or guardian, the principal, the District school nurse and the District medical advisor.
   d. Before making a determination that a student should be sent home for diagnosis and treatment or excused from school attendance, the District school nurse shall, to the extent circumstances warrant and permit, inform the student and the student's parent or guardian of the reasons for the contemplated action and shall consider any information the student and/or the student's parent or guardian may choose to offer regarding the student's condition. As a general rule, a student will not be sent home until the parent or guardian can be contacted. Whenever possible, it is the parent or guardian's responsibility to transport the student home.
   e. Alternative educational opportunities will be arranged for students who must be excused from school attendance for a significant period of time.
   f. The health status of a student temporarily removed from the usual school setting to protect the health of self or others will be re-evaluated at regular intervals by the District school nurse in consultation with an IEP team and/or the District medical advisor when appropriate, who shall be responsible for determining when a student may be re-admitted. As a condition of continued or renewed attendance, the District may require a statement from a student's physician that a student is in suitable condition to attend school.

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EPS Code: JHCC-R

2. Exclusion of Staff

   a. If there is a reasonable cause to believe that a staff member has a communicable disease that could be detrimental to the health of self or others in the school environment, the District Administrator, in consultation with the District school nurse and in accord with existing Board policies and/or collective bargaining agreement provisions, may suggest a medical examination of the staff member at district expense and a physician's statement indicating whether the staff member is in suitable condition to continue working.
   b. Staff who are diagnosed as having a communicable disease that poses a significant risk of transmission to others in the school environment or that renders them unable to adequately perform their duties shall be excused from work.
   c. The determination as to whether, and under what circumstances, a staff member's communicable disease poses a significant health risk to others in the school environment or makes adequate performance impossible shall be made by the District Administrator, in consultation with the District school nurse, and where appropriate, with the District medical advisor.
   d. Before making a determination that a staff member should be excused from work, the District Administrator shall inform the staff member of the reasons for the contemplated action and shall consider any information the staff member may chose to offer regarding his/her condition. The District Administrator shall also consider whether a reasonable accommodation could eliminate the health risk to the staff member or others and/or permit adequate performance.
   e. The District Administrator shall provide written notice to any staff member excused from work pursuant to this procedure. Staff so excused may utilize any applicable alternative employment opportunities provided under existing Board policies and/or collective bargaining agreement provisions – which may include sick leave, unpaid leave of absence, or re-assignment – but are not guaranteed continued or renewed employment except to the extent provided under such policies or provisions.

3. Maintenance of Information on Communicable Diseases

   a. The District school nurse shall maintain guidelines on communicable diseases which include, but are not limited to, information on how they are transmitted and methods that could be used to reduce the risks of such transmission.

   b. The guidelines on communicable diseases shall be:

      (1) available in the office and work area of each building principal and district school nurse's office;
      (2) summarized in new employee orientation sessions; and
      (3) summarized periodically in the inservice training program for school district employees, and in district publications, newsletters and staff handbooks.

   c. A guideline outlining safe procedures for disposing of spilled body fluids shall be included in all health services and custodial services manuals and posted in/near custodial cleaning materials storage areas in district buildings, and in the office/work area of each school principal, nurse and custodian.

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4. Maintenance of Medical Supplies
   First-aid kits and other supplies and equipment appropriate to reducing the risk of transmission of communicable diseases in the school environment, as determined by the District school nurse, will be provided in school buildings. Gloves and universal hygiene kits shall be available in each

   classroom according to the Medford Area Public School District Bloodborne Pathogens Exposure Control Plan.

5. Confidentiality
   Any person who knows or suspects that a student or staff member has a communicable disease shall report the fact(s) to the District school nurse. Records and information collected on students and staff with suspected or confirmed communicable disease are confidential and are handled in accordance with state law and Board policy on student and staff records. Appropriate students and staff members will be informed of related risks and necessary precautions. This includes notification of HIV-infected staff and students and their parents and/or guardians when a communicable disease occurs in the school.

6. Appeals Procedure

   a. Students
      (1) A parent or guardian of a minor student or an adult student who disputes the determination or action of the District school nurse or IEP team concerning exclusion of a student from school attendance may appeal by bringing or sending a complaint to the District Administrator.
      (2) A complaint must be made in writing, signed by the complainant, and submitted within 10 consecutive school days of the disputed determination or action and must contain: (a) a statement of the facts, (b) a statement of the relief requested, and (c) any necessary medical information.
      (3) The District Administrator shall confer with the complainant within five consecutive school days of the receipt of the complaint to verify the nature of the complaint and to explain the procedure that will be followed to resolve the complaint.
      (4) Complaints involving the identification, evaluation, educational placement, or provision of a free appropriate public education of a student with a disability will be resolved through the procedures contained in the District's Special Education Handbook.
      (5) Complaints involving student discrimination on the basis of handicap or physical, mental, emotional or learning disability will be resolved through the district's established student discrimination complaint procedures.
      (6) Other complaints will be resolved by the District Administrator. The District Administrator will confer with the parties involved and will render a written decision within 10 consecutive school days of his/her receipt of the complaint. A complainant who remains unsatisfied with the District Administrator's decision may appeal to the Board of Education. This appeal must be made in writing, signed by the complainant, and submitted to the Board President within 10 consecutive school days of the District Administrator's decision. The Board will afford the

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complainant a hearing, upon request, and will render a written decision within 10 days of the receipt of the appeal or (if a hearing is held) the conclusion of the hearing.

(7) Except to the extent prohibited by law, a student deemed to pose a significant health risk shall be excluded from school during the pendency of any appeal hereunder.

b. Staff

(1) Staff excused from work in accord with Board policy and subject to a collective bargaining agreement may appeal the District Administrator's determination or action according to the grievance procedure set forth in the collective bargaining agreement.

(2) Staff excused from work in accord with Board policy and not subject to a collective bargaining agreement may appeal the District Administrator's determination or action according to the procedure set forth in items 6(a)(2) and (6) above.

7. Guidelines for Dealing with HIV Infection/AIDS

a. As a general rule, students suspected of or diagnosed as being HIV-infected will be allowed to attend school in their regular classroom setting and should be considered eligible for all rights, privileges and services provided by law and Board policy.

b. Decisions regarding the type of educational setting appropriate for suspected or diagnosed HIV-infected students will be made on an individual basis and will be based, whenever possible, on an objective assessment by the health advisory committee or IEP team of the behavior, neurological development, and physical condition of each affected student and that student's expected type of interaction with others in that setting.

c. If it is determined that an HIV-infected student poses a risk to the health of students or staff - for example, if the student lacks toilet training, has open sores that cannot be covered, or demonstrates behavior such as biting that could result in direct inoculation of potentially infected body fluids into the bloodstream of another - the student may be placed in a more restricted setting. If homebound instruction is necessary, the homebound tutor will be advised regarding the standard procedures to be followed to prevent transmission of communicable diseases through exchange of body fluids.

d. HIV-infected students may be immunodeficient and their health may, therefore, be threatened when other communicable diseases are present in the school environment. For each student known to be HIV-infected, the nurse serving the school will notify the student and/or the student's parent or guardian when such communicable diseases occur in the school. Upon the recommendation of the health services supervisor, students who may be exposed to a significant health risk because of their own immunodeficiencies may be excused from school attendance by the principal until such time as the risk has abated.

e. The district will not solicit or require a test for the presence of an antibody to HIV as a condition of employment and will not affect the terms, conditions or privileges of employment of any staff member because the staff member obtained such a test.

f. HIV-infected staff may be immunodeficient and their health may, therefore, be threatened when other communicable diseases are present in the school environment. The nurse serving the school will notify each staff member known to be HIV-infected when such communicable diseases occur in the school. Upon recommendation of the nurse, staff

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who may be exposed to a significant health risk because of their own inununodeficiencies may be excused from the performance of their regular duties by the District Administrator, upon request, until such time as the risk has abated. During this period, at the discretion of the district, staff so excused may be reassigned to other duties to the extent permitted by Board policies and/or collective bargaining agreement provisions. Staff not reassigned may utilize any applicable alternative employment opportunities provided under Board policies and/or collective bargaining agreement provisions.

SOURCE: MEDFORD AREA SCHOOL DISTRICT

APPROVED: November 17, 1994

(Note: The following document is a sample of Stoughton Area School District's HGD Kindergarten Human Growth and Development Mission Statement.)

Stoughton Area School District

Human Growth And Development

Kindergarten

Mission Statement
(Inclusive for Grades K-12)

Human Growth and Development is one part of the district's health curriculum.

Stoughton's human growth and development curriculum is based on abstinence* and is designed to help students 1) understand their growth, development, and sexuality; 2) develop a positive self-concept; 3) recognize the legal, medical, and psychological issues involved; and, 4) understand the importance of personal values and beliefs formed in connection with their family as they develop strategies for responsible decision-making.

A Partnership with Parents/Guardians**

The instruction of students in sexuality issues is a partnership. The school's role is to teach human growth and development; the parent's role is to share, explain, and infuse family values. The school's role is also to facilitate communication between parent and student, between parents and the school, and among the parents of students studying human growth and development issues.

Approved by the Stoughton School Board
June 21, 1999

* A human growth and development curriculum based on abstinence emphasizes the value of abstinence and also includes information on contraceptives at specified grade levels.
** For the sake of clarity and with no intent to offend, when the term parents is used it means parents and/or guardians.

- Every three years the Stoughton School Board is required by state law to appoint an advisory committee composed of parents, teachers, school administrators, school board members, students, health care professionals, members of the clergy, and other residents of the school district.

- Annually, parents will be mailed an outline of the human growth and development curriculum used in their child's grade level with a complete list of materials, including videos, available at the school and public library. Parents will be invited to preview materials well before information is presented in class. Materials will be on display at school open houses. All instructional materials shall be made available upon request.

- Parents may exempt their child from all or part of the human growth and development curriculum. If a student is exempted, he/she will be held accountable for an alternative study of health topics.

- Forms will be sent annually to parents 1) encouraging them to discuss the information with their child; 2) asking them to sign and return the form indicating that they have read the information; and 3) asking them to write or call if their child should not be included. Parents are urged to read the curriculum, talk to the teacher, and view the materials before making this decision.

Guidelines for Staff and Outside Resource Persons

Staff and outside resource persons follow guidelines for answering student questions on sensitive topics. Even though specific objectives are not taught in your child's grade, questions may still arise. These guidelines will help you understand how staff and outside resource persons handle these sensitive topics.

Guidelines for responding to questions about HIV/AIDS:

- Define HIV/AIDS simply as a very serious disease that some people get. Students should be told that young children rarely get it and that they do not need to worry about playing with children whose parents have HIV/AIDS or with those few children who do have the disease.
- Answer questions directly and simply; responses should be limited to questions asked.
- Encourage children to talk with their parents if they have additional questions.

(Note: The following are samples of letters to parents from the Stoughton School District.)

1999–2000

To: Fox Prairie Parents/Guardians

From: Mike Jamison, Principal

You are invited to read or check out the materials that may be used in your child's classroom to teach the human growth and development objectives outlined in this pamphlet.

As you see below, some of the materials are available both in the school and the public library. We encourage you to read them and discuss them with your children.

Kindergarten Human Growth and Development Materials Available at the School and Public Library

Title	School Library[1]	Public Library[2]
K-12 Human Growth & Development objectives by grade level		X
Dinosaurs Alive and Well	X	
Nutrition	X	
Bacteria and Viruses	X	
Health	X	
Going to the Doctor	X	
My Doctor	X	
When I See My Dentist	X	
My Dentist	X	
When I See My Doctor	X	
The Magic School Bus: Inside the Human Body	X	
Why I Cough, Sneeze, Shiver, Hiccup and Yawn	X	
I Can Be A Doctor	X	
I Can Be A Nurse	X	
The Emergency Room	X	
Going to the Hospital	X	
I Can Be A Mother	X	
I Can Be A Father	X	

[1] Contact your child's library media specialist to request school library resources.
[2] Stoughton Public Library resources are located behind the desk in the children's area of the library.

1999–2000

To: Kegonsa Parents/Guardians

From: Barb Wood, Principal

You are invited to read or check out the materials that may be used in your child's classroom to teach the Human Growth and Development objectives outlined in this pamphlet.

As you see below, some of the materials are available both in the school and public library. We encourage you to read them and discuss them with your children.

Kindergarten Human Growth and Development Materials Available at the School and Public Library

Title	School Library[3]	Public Library[4]
K-12 Human Growth & Development objectives by grade level		X
Personal Health/Protective Behaviors		
My Body is Private, by Linda Girard	X	
"A Kid's Guide to Personal Hygiene"	X	
Nobody Likes a Stinky Kid (filmstrip by Learning Tree)	X	
The Skeleton Inside You, by Philip Balestrino	X	
"All About Me"	X	

[3] Contact your child's library media specialist to request school library resources.
[4] Stoughton Public Library resources are located behind the desk in the children's area of the library.

1999–2000

To: Yahara Parents/Guardians

From: Cheryl Price, Principal

You are invited to read or check out the materials that may be used in your child's classroom to teach the human growth and development objectives outlined in this pamphlet.

As you see below, some of the materials are available both in the school and the public library. We encourage you to read them and discuss them with your children.

Kindergarten Human Growth and Development Materials Available at the School and Public Library

Title	Classroom[1]	School Library[2]	Pupil Services[3]	Public Library[4]
K-12 Human Growth & Development objectives by grade level				X
Winnie the Pooh Filmstrips		X		
How to Catch a Cold–Filmstrip		X		
Nutrition–Filmstrip		X		
Alexander and the Terrible Horrible No Good Very Bad Day	X			
Can't I Stay Home?	X			
Dandelion	X			
Ugly Duckling	X			
Being With You	X			
5 Senses	X			
Peter Rabbit	X			
Contrary Woodrow	X			
Red Riding Hood	X			
Jennie's Hat	X			
Smelly Book	X			
Mixed Up Chameleon	X			
Claude the Dog	X			
Wonders of Learning Kit: Food for Your Body		X		
Food Gives Me Energy		X		

[1] Contact your child's classroom teacher to request classroom materials.
[2] Contact your child's library media specialist to request school library resources.
[3] Contact your child's school psychologist to request pupil services resources.
[4] Stoughton Public Library resources are located behind the desk in the children's area of the library.

Title	Classroom[1]	School Library[2]	Pupil Services[3]	Public Library[4]
Gregory the Terrible Eater		X		
Hungry Caterpillar		X		
Mollie & Groggle–The Gillaws of Cromley Creek			X	
Zing & Zipp The Troggs of Wongo-Wongolwood			X	
Trust Your Feelings–Protective Behaviors			X	
Wisconsin Committee for the Prevention of child Abuse Curriculum			X	

Guidelines for responding to questions about sexual intercourse:

- Encourage children to talk with their parents if they have questions.
- Encourage parents to discuss sexual intercourse with their children as questions arise.
- Share with parents that age appropriate materials are available to parents at the Stoughton Public Library.

Kindergarten Human Growth and Development Objectives

Human Growth and Development is taught during the entire school year at appropriate times. So you can discuss these topics with your child prior to class discussions, we have listed the objectives below.

Personal Health–Human Sexuality

Discuss respect for self and others.
Cite examples of ways specific individuals of the same age are similar and different in their growth.
Know that living organisms come from other living organisms.
Discuss that the body has many different parts.
Identify differences between the body of a boy and the body of a girl.
Discuss that a boy grows to become a man and may become a father.
Discuss that a girl grows to become a woman and may become a mother.
Discuss that a baby develops inside its mother.
Discuss why a baby needs family members to care for it.
Identify ways to help care for a baby.
Know why family members need each other for support, encouragement and protection.

So that students will:

- Have a good self-concept about being a girl/boy.
- Take care of their body.
- Show love if the family has a new baby.
- Share feelings with family members if the family has a new baby.
- Show respect for self and others.

(Note: The following are samples of letters to parents from the Wausau School District. The English versions are followed by Hmong examples.)

John Marshall School

March, 1999

Dear Parents:

We are about to begin a science unit called "Growth and Development," which includes information about human reproduction and sexuality. This is a required part of the health curriculum as approved by the Wausau School District Board of Education and has been taught for many years.

This unit will begin on Monday, April 5th. Individual homeroom teachers will teach the class in a co-educational setting. Should you have any special concerns, please contact us prior to the start of this unit.

Sincerely,

Mrs. Julianna Burmesch
Mr. Fred Peterson
Mrs. LuAnn Grefe
Mrs. Polly Hirn

* *

(Please tear off and return to school)

____ I give permission for my child _____ to participate in the
(student's name)

science unit, "Growth and Development."

____ I do not give permission for my child _____ to participate in the
(student's name)

science unit, "Growth and Development."

_____
Parent's Signature

_____
Date

John Marshall School

March, 1999

Nyob Zoo cov nam ntxiv:

Peb Yuav pib kawm txug "Tuabneeg Kev Luj Hlub (Growth and Development)," nyob huv chaav science. Chaw nuav yuav qha txug kev kws quas puj quas yawg pw uake. Lub koomhum saib kev kawm huv Wausau School District Board of Education, tub pum zoo kuam cov naikhu qha qhov nuav rua mej cov mivnyuas lawm.

Peb yuav pub qha tshooj nuav rua nub Monday, lub 4 hlis nub 5. Cov nai khu qha chaav tsib yog cov kws yuav qha rua cov mivnyuas. Thov khij nraag qaab nuav saib koj puas tso tug mivnyuas kawm los tsi kawm txug "Tuabneeg Kev Luj Hlub" nuav.

* *

(Thov txav qhov huv qaab nuav hab xaa rua tsev kawm ntawv)

____Kuv tso cai kuv tug mivnyuas _____ moog kawm txug
mivnyuas npe

"Tuabneeg Kev Luj Hlub" nuav.

____ Kuv tsi tso cai rua kuv tug mivnyuas _____ moog kawm txug
mivnyuas npe

"Tuabneeg Kev Luj Hlub" nuav.

_____
Namtxiv xee npe

_____
Nub tim

yh/99-00

John Marshall School

January 18, 2000

Dear Parents:

We are about to being a science unit called "Growth and Development," which includes information about human reproduction and sexuality.

We will be having a meeting for all interested parents on Tuesday, February 15, 2000, at 7:00 p.m. in the old gym. At this time, you will have an opportunity to discuss and view materials that will be used.

Please return the bottom portion of this letter indicating whether or not you will be able to attend. We look forward to seeing you there.

Sincerely,

Mr. Fred Peterson
Mrs. Grefe
Mrs. Hirm

* *

____ I will attend

____ I will not attend.

_____

Parent's Signature

John Marshall School

January 18, 2000

Nyob zoo txug cov Nam Txiv:

Peb yuav pib kawm ib tshooj science has txug "Growth and Development," kws qha txug lub cev. Wausau School District Board of Education txuj cai sau tseg has tas peb yuav tsum qha txug lub cev said nwg huav hloov le caag thaum luj hlub nyob chaav science.

Peb yuav muaj ib lub rooj sib ntsib rua txhua tug namtxiv kws xaav paub ntxiv rua nub Tuesday, lub ob hlis ntuj nub 15, xyoo 2000 thaum 7:00 tsaus ntuj huv lub gym qub. Lub sijhawm nuav, koj muaj dlaabtsi nug los yeej tau hab peb yuav muab cov ntaub ntawv kws peb yuav qha cov tub kawm rua koj saib.

Thov muab qhov hub qaab khij seb koj tuaj koom puas tau. Peb vaam hab ca sab tas peb yuav ntsib koj nub ntawm.

Sau npe,

Mrs. Grefe
Mr. Peterson
Mrs. Hirn

* *

____ Kuv tuaj koom.

____ Kuv tuaj koom tsi tau.

_____

Nam Txiv xee npe

(Note: The following is a sample news release from the Oshkosh Area School District.)

News Release: (for immediate release)

The Oshkosh Area School District will be holding parent information and preview meetings on the Grades 4 and 5 human growth and development curriculum. The meetings will be held on Tuesday, March 3, 1998. The first meeting opportunity will be held at 12:30 p.m. at Oshkosh North High School (1100 West Smith Avenue) in Lecture Room C. Another opportunity to attend a meeting will be at 6:30 p.m. at the Oshkosh Area School District Administration Office (215 South Eagle Street) in the Board Room. Parents who cannot attend a district meeting should contact their elementary school principal for additional information.

Arrangements have been made with our local Community Access TV Networks Channel 10 to show the Grade 5 human growth and development videotape approved by the Oshkosh Area School District Board of Education. This will allow parents to watch the videotape in their own homes. United States copyright law allows for copying of these programs for *single use viewing* before the copy is recycled or taped over.

The Grade 4 human growth and development video will *not* be shown on the local Community Access TV Network due to copyright restrictions. The Grade 5 human growth and development video, "The New Improved Me: Understanding Body Changes," will be shown on Channel 10 as follows:

Friday, March 13	9:30 p.m.
Saturday, March 14	9:00 p.m.

(Note: The following is a sample letter to parents from the Oshkosh Area School District.)

Oshkosh Area School District

February 17, 1998

Dear Parents:

Grades 4 and 5 human growth and development lessons are scheduled to be taught in each elementary school during the month of March. In order to afford parents an opportunity to preview videotapes and other student materials, the district has arranged for a series of informational parent meetings.

We would welcome parent support and involvement in this effort. This will be a good opportunity for each family to reinforce their own morals and values as they relate to human growth and development topics. You are, therefore, invited to take part in an informational meeting to preview videotapes and information regarding planned classroom presentations on human growth and development related to puberty education. There is a boys' video and a girls' video for Grade 4 and another boys' video and another girls' video for Grade 5. In the classroom, boys and girls will view the videotapes separately. The following dates and locations have been selected for parent meetings. Parents may attend any of the meetings that are convenient for them.

Tuesday, March 3	12:30 p.m.	North High School, Lecture Room C (1100 West Smith Avenue)
Tuesday, March 3	6:30 p.m.	Administration Office, Board Room (215 South Eagle Street)

Representatives of fourth and fifth grade teachers and Health Curriculum Committee members will meet with you to share classroom materials that are part of our grades 4 and 5 health curriculum. These materials cover the onset of menstruation and the physical and emotional changes that accompany puberty.

These meetings will provide an opportunity for you to ask questions and to become partners as we deal with this sensitive topic with your sons and daughters. Should you have any questions about these meetings or the curriculum, please feel free to call one of us at the number listed below.

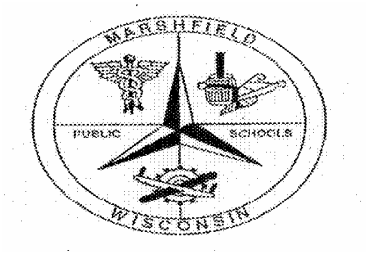
Sincerely,

Dr. James B. Henderson	Barbara J. Herzog	Nancy Kidd
Superintendent of Schools	Asst. Supt. of Instruction	Health Coordinator
424-0160	424-0296	424-7000

(Note: The School District of Marshfield developed a handbook to inform parents on the district's human growth and development unit for 4th-6th grades. Tabs have been used to separate each section in the handbook. Each grade level section includes information on student skill and knowledge outcomes, vocabulary used and an outline of topics covered in the unit.)

HUMAN GROWTH AND DEVELOPMENT

Parent Handbook



School District of Marshfield
1010 East Fourth Street
Marshfield, WI 54449

INFORMATION	GRADE 4	GRADE 5	GRADE 6	RESOURCES & LAW

(Note: The following is a sample brochure published by the Wisconsin Coalition Against Sexual Assault. Ordering information is located at the end of the document.)

Sexual Harassment at School

What is school-based sexual harassment?

*School-based sexual harassment is **unwanted** sexual attention that someone experiences on school grounds or at school-sponsored functions. Examples of sexual harassment include the following behaviors, when they are unwanted:*

- Sexual touching or pinching or sexually brushing against someone
- Snapping bras
- Forcing someone to kiss or do something sexual
- Pressuring someone into sexual activity in return for a good grade
- Name-calling (like "honey" or "bitch")
- Giving or showing sexual pictures or notes to someone
- Rating someone (such as on a scale from 1 to 10)
- Flashing or mooning
- Pulling clothing off or down
- Cornering or blocking someone in a sexual way
- Howling, catcalling, or whistling
- Spying on someone as he or she is dressing or showering
- Writing sexual graffiti about someone or spreading sexual rumors about someone
- Making sexual comments or jokes, or asking sexual questions
- Making sexual gestures or giving sexual looks or leers

Who experiences sexual harassment?

The majority of teenagers experience some form of sexual harassment while they are in school. Girls are sexually harassed more often and at younger ages, but boys can be sexually harassed too. A 1993 American Association of University Women report found that 85 percent of girls and 76 percent of boys in high school have experienced some form of sexual harassment during their school years. When someone experiences unwanted sexual attention, that attention can be classified as sexual harassment regardless of the gender or age of the victim.

Who does the harassing?

Students, teachers, administrators, custodians, coaches, or other school staff members can perpetrate sexual harassment. Both males and females can sexually harass others.

How do I know if what I'm experiencing is sexual harassment? Maybe someone is just flirting with me.

According to the law, the feelings of the person receiving the attention determine whether or not a behavior is sexual harassment. Flirting is welcome, wanted sexual behavior, whereas sexual harassment is unwanted.

How do I know if I'm sexually harassing someone?
Ask yourself, "Why do I think this person wants this attention? Am I sure that he or she doesn't mind that I say or do these things? How would I feel if someone said or did this to my sister or brother, or to me?" If you aren't sure whether or not the person welcomes the attention, ask.

Why do some people make such a big deal out of this? It's just a part of life. People who are offended by it have no sense of humor.
Sexual harassment is serious, illegal and degrading. No one should have to tolerate abuse. Sexual harassment should not be dismissed by saying that "boys will be boys" or by saying that experiencing it will help someone learn to deal with the "real world." Students who have been sexually harassed, especially girls, report that they find it harder to concentrate and study, think about changing schools, earn lower grades, and like themselves less as a result of the harassment.

If a girl is promiscuous, or is dressed provocatively, isn't it partly her fault if she is sexually harassed?
No. Sexual harrassment, like rape or any form of abuse, is ***never*** *the fault of the victim, and is always the responsibility of the perpetrator.*

"It made me feel that a woman isn't worth much, and it shouldn't be that way."
–Female high school student, "Hostile Hallways," American Association of University Women, 1993

"No, I do not enjoy it. I mean, it's my body."
–Male student, *Sexual Harassment and Teens*, Strauss, 1992

"On the day our advertisements were due, two people had advertisements for Coke and swimsuits, both showing women in a very sexual manner. When they were put up guys whistled, hollered, and said, 'Yaa' and 'Ohhh.' Some guys stood up and clapped. In the pictures both women were lying down, practically wearing nothing…I looked at the teacher…I said to myself, 'How does the teacher view me?'"
–Female student, *Sexual Harassment: High School Girls Speak Out*, Larkin, 1994

"The worst place is the lounge. There's usually a group of guys who start talking and making rude comments about girls. I would never go in there alone….They usually say things like 'Go fetch! Get us something to eat. Go fetch a Coke. Come do sexual favors for us."
–Female high school student, *Failing at Fairness*, Sadker and Sadker, 1994.

"You may laugh or something because you're nervous and people are looking at you, but it does bother you–it affects your self-esteem."
–Female student, *Sexual Harassment and Teens*, Strauss, 1994.

What can I do if I am being sexually harassed at school?

Many students who are sexually harassed do nothing, but ignoring harassment will not make it stop and may make it worse.

- Remember that the harassment is not your fault.
- Make it clear to the harasser that you don't want him or her to do those things. If you don't want to confront the person, write a letter.
- Tell someone you trust, like a parent, teacher, or counselor, about the harassment.
- Keep any notes or pictures the harasser sends you. Keep a record of when and where each incident occurs. This information will be useful if you report the harassment to a school administrator, or if you decide to take legal action.
- If the harassment continues, notify a principal or administrator. Under Title IX, which made sex discrimination in school illegal, your school is legally responsible for providing an environment free of sexual harassment.
- If the harrassment continues, you may file a complaint by contacting:
  U.S. Department of Education
  Office for Civil Rights
  111 N. Canal St., Suite 1053
  Chicago, IL 60606-7204
  (312) 886-8434

Call WCASA for more information:

Wisconsin Coalition Against Sexual Assault
600 Williamson St., Suite N2
Madison, WI 53703
(608) 257-1516
www.wcasa.org

This brochure is intended to provide an overview of a complex law and does not constitute legal advice.

This brochure is also available in Spanish and Hmong. Contact WCASA for more information.

(Note: Inclusion in this list does not imply endorsement by the National Campaign or Wisconsin Department of Public Instruction. We encourage you to investigate your local bookstores, schools, faith communities, neighborhood and community centers, libraries, and youth-serving organizations for additional resources.)

Annotated Resource List

To help parents talk more effectively about important issues like sex and pregnancy, the National Campaign to Prevent Teen Pregnancy has assembled this list of easily available resources for parents, most of which are either free or inexpensive. And although these materials are created for parents, other adults who interact with children and teenagers can also use them. Relatives, trusted friends and neighbors, teachers, coaches, counselors, and others may find it helpful to know more about how to communicate with young people about sensitive issues.

Becoming an Askable Parent. This guide instructs parents on what children are experiencing at different ages (from birth to 16) to help them answer questions that both they and their children might have. It also presents typical situations in which parents find themselves as their children become curious about sex. Contact: American Social Health Association, P.O. Box 13827, Research Triangle Park, NC 2709-3827, Tel: 800-783-9877. Web: www.ashastd.org

Campaign for Our Children (CFOC). CFOC produces ad campaigns encouraging parent-child communication and sexual abstinence among teens. CFOC also hosts two web sites: one for parents with a chat room (www.cfoc.org), and one geared toward adolescents (www.cfoc.org/3_teen/3_index.cfm). Contact: Campaign for Our Children, 120 West Fayette Street, Suite 1200, Baltimore, MD 21201. Tel: 410-576-9015. Web: http://www.cfoc.org

Family Connections. A series of three booklets (for age groups birth to 7,8 to 13, and 14 to 18) that covers parent/child communication skills, self-esteem for children, teen pregnancy, contraception, sexually transmitted diseases (STDs), and the media's influence on children. Contact: Center for Adolescent Pregnancy Prevention, Family Health Council, Inc., 625 Stanwix Street, Suite 1200, Pittsburgh, PA 15222. Tel: 412-288-2130.

The Gentle Art of Communicating With Kids: Toddlers to Teens by Suzette Haden Elgin, Ph.D. This book outlines techniques to help parents discuss with their children more than thirty tough topics, including handling children reluctant to go to bed, bolstering self-esteem, and preventing teen pregnancy and drug abuse. Available at bookstores

for $14.95. Contact: John Wiley & Sons, Inc., 605 Third Avenue, New York, NY 10158-0012.

How to Help Your Kids Say "No" to Sex. This pamphlet is designed to help parents who value abstinence communicate this message to their children. Also, ask about the Life on the Edge Tour, a traveling two-day program designed to bring parents and their children closer together and to facilitate discussion about difficult issues. Contact: Focus on the Family, P.O. Box 3550, Colorado Springs, CO 80935-3550. Tel: 800-232-6459. Web: http://www.fotf.org

How to Talk to Children About Sex. Part of the Family Forum Library, this booklet provides parents with answers to children's most common questions about sex. Another title in the same series, *Positive Parent/Child Communications,* instructs parents on ways to communicate more effectively with their children and to build their self-esteem. Contact: The Bureau for At-Risk youth, 135 Dupont Street, P.O. Box 760, Plainview, NY 11803-0760. Tel: 800-999-8884. Web: http://www.at-risk.com

How to Talk So Kids Will Listen & Listen So Kids Will Talk by Adele Faber and Elaine Mazlish. Available in most bookstores, this book walks parents through a wide range of typical talks with kids, while at the same time encouraging them to listen fully to what their children are saying. Contact: Avon Books, 1350 Avenue of the Americas, New York, NY 10019.

The National Parenting Center. This web site offers several pamphlets in their On-line Adolescence Reading Room on communicating with pre-teens and teens. It also hosts more than 100 chat rooms for parents on the challenges of parenting and offers links to other web sites. Contact: The National Parenting Center. Tel: 800-753-6667. Web: http://www.tnpc.com

Now What Do I Do? How To Give Your Pre-Teens Your Messages. This booklet helps parents of 10- to 12-year-old children communicate about teen pregnancy, contraception, self-esteem, media influences, unwanted sexual attention, and homosexuality. A sister publication, *On No! What Do I Do Now?* (also available in Spanish), helps parents communicate their values about sexuality to their children. Contact: Sexuality Information and Education Council of the United States, 130 West 42nd Street, Suite 350, New York, NY 10036-7802. Tel: 212-819-9770. Web: http://www.siecus.org

Open Up, Listen Up! Produced by Advocates for Youth for "Let's Talk Month" (every October), *Open Up, Listen Up!* Covers how to talk about STDs, HIV/AIDS, teen pregnancy, and positive, educational television viewing. The guide, which offers messages about both sexual abstinence and contraception, is available in teen and pre-teen versions. Contact: Advocates for Youth, 1025 Vermont Avenue, NW, Suite 200, Washington, DC 20005. Tel: 202-347-5700. Web: http://www.advocatesforyouth.org

Parent's Guide to Talking With Kids About Sex. Published in conjunction with NBC television's "The More You Know" public service announcements, this booklet from the Henry J. Kaiser Family Foundation and Children Now offers tips and techniques on talking about sex and sexuality for parents of children ages 8 to 12. Answers to children's most common questions are included. Tel: 888-730-2777.

Raising Healthy Kids: Families Talk About Sexual Health. This thirty-minute video for parents of young children (birth to 7) stresses the importance of talking with kids, as well as the messages sent to young children by their parent's behaviors. Topics covered include self-touching, appropriate and inappropriate touching, proper labeling of body parts, and taking advantage of moments when children are seeking information. Also available in Spanish. Cost: $99.95 (plus shipping and handling). Contact: Media Works, Inc., P.O. Box 15597, Kenmore Station, Boston, MA 02215. Tel: 978-282-9970. Web: http://www.abouthealth.com

Supporting Your Adolescent: Tips for Parents. This audiocassette focuses on helping young people make successful transitions to adulthood. In addition to including advice on parenting and positive family interaction, the tape suggests supportive resources that may be found within one's community. Contact: National Clearinghouse on Families and Youth, P.O. Box 13505,Silver Spring, MD 20911-3505.

Talking About Sex: A Guide for Families. This video and companion kit for families with children ages 10 to 14 contains factual information and discussion guides about such topics as anatomy, HIV/AIDS. Cost: $29.95 (plus shipping and handling). Contact: Planned Parenthood Federation of America, Inc., 810 Seventh Avenue, New York, NY 10019. Tel: 800-669-0156. Web: http://www.ppfa.org.

Talking to Adolescents About Sex. This pamphlet describes how to talk with teens about STDs, values, and the physical and emotional changes they are experiencing, as well as how to provide your teen with decision-making skills. Contact: Channing Bete Company, 200 State Road, South Deerfield, MA 01373-0200. Tel: 800-628-7733.

Talking With Kids About Tough Issues. A joint project of the Henry J. Kaiser Family Foundation and Children Now, this booklet encourages parents to explore their own values and beliefs in order to better communicate them to their children. Topics covered include HIV/AIDS, sex and sexuality, violence, and drugs and alcohol. Contact: Children Now, 355 Lexington Avenue, 11th Floor, New York, NY 10017.
Tel: 800-244-5344. Web: http://www.childrennow.org

"Talking With" Pamphlet Series. The pamphlet series includes discussion guides to help parents talk with children and teens about birth control, abstinence, sexual responsibility, pelvic exams, menstruation, HIV/AIDS, drugs, and violence. Single copy samples are free, and bulk orders are available for purchase. A catalog listing

pamphlets on many other issues is also available. Contact: ETR Associates, P.O. Box 1830, Santa Cruz, CA 95601-1830. Tel: 800-321-4407. Web: http://www.etr.org

Talking With your Child About Sex by Mary S. Calderone and James W. Ramey. Available in most bookstores, *Talking With Your Child About Sex* offers answers to questions children of different ages ask about sex. Contact: Ballatine Books, 201 East 50th Street, New York, NY 10022.

Talking With Your Teen About Sex and *Talking With Your Child About Sex*. These pamphlets can be accessed (and printed) at the National PTA's web site. The version for parents of teens addresses HIV/AIDS, peer pressure avoidance skills, and date rape. *Talking With Your Child* offers information about reproduction, the importance of strengthening self-esteem in the early years, and the necessity of communicating values. Web: http://www.pta.org

Ten Tips for Parents: to Help Their Children Avoid Teen Pregnancy. This guide presents "ten tips," many of these lessons will seem familiar because they articulate what parents already know from experience–like the importance of maintaining strong, close relationships with children and teens, setting clear expectations for them, and communicating honestly and often with them about important matters. Contact: the National Campaign to Prevent Teen Pregnancy. Tel: 202-478-8500.
Web: http://www.teenpregnancy.org

Unlocking the Secret: A Parent's Guide to Communicating With Your Kids. This guide, a part of the media program called "Not Me, Not Now" in New York, offers concrete ways to begin to talk about sexuality. Contact: Not Me, Not Now, 39 West Main Street, Room 204, Rochester, NY 14614. Tel: 716-428-2380. Web: http://www.notmenotnow.org

You and Your Adolescent: A Parent's Guide for Ages 10-20, by Laurence Steinberg, Ph.D., and Ann Levine. The newly revised edition, currently available in bookstores, includes tips on parenting and describes the warning signs for pre-teen and teen risky sexual behavior and tobacco, alcohol, and marijuana use. Contact: Harper Collins Publishers, Inc., 10 East 53rd Street, New York, NY 10022.

Sexuality Education Web Sites

(Note: Inclusion on this list does not represent an endorsement of these organizations or their materials by the Department of Public Instruction. We encourage you to investigate your local library, bookstores, schools, youth-serving organizations, faith community, and other Web sites for additional resources and information.)

Abstinence Clearinghouse
http://www. abstinence.net/
The Abstinence Clearinghouse is a non-profit national educational organization that was founded to provide a central location where character, relationship and abstinence programs, curricula, speakers, and materials could be accessed. The Clearinghouse serves agencies on a national, state and local level, as well as international organizations.

Advocates for Youth
www.advocatesforyouth.org
Advocates for Youth is dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their reproductive and sexual health. The organization provides information, trainings, and strategic assistance to youth-serving professionals, policy makers, youth activists, and the media.

Campaign for Our Children
http://www.cfoc.org (for parents)
http://www.cfoc.org/3_teen/3_index.cfm (for teens)
The mission of CFOC is to develop research-based prevention messages and educational media campaigns which encourage healthy, responsible sexual decisions among early-adolescent youth, promote a more informed support system for youth, and raise public awareness about adolescent preventive health issues.

Children Now
http://www.childrennow.org
Children Now uses the Internet to disseminate information and stimulate action on behalf of children. Visit www.childrennow.org for access to Children Now publications, poll results, policy papers, press materials, action updates on federal and state legislation, and links to other Web sites devoted to children's issues.

Friends First
http://www.friendsfirst.org
Friends First provides ongoing support to teens to reach the goal of abstaining from high-risk behaviors and to encourage character development. The goals of Friends First is to educate parents, sponsor events which support and promote the abstinence message to teens, and provide a resource to health advisory committees, community leaders and policy makers on issues which promote abstinence until marriage.

National Center for Fathering
http://www.fathers.com/
The mission at the National Center for Fathering (NCF) is to inspire and equip men to be better fathers. The NCF was founded in 1990 to conduct research on fathers and fathering and to develop practical resources for dads in nearly every fathering situation.

The National Parenting Center
http://www.tnpc.com
Dedicated to providing parents with comprehensive and responsible guidance from the world's most renowned child-rearing authorities.

Network for Family Life Education
http://www.sxetc.org/ (for teens)
The Network for Family Life Education is a coalition of non-profit, public, and private agencies that support family life education, including comprehensive instruction about human sexuality. The Sex Etc. web site is the online version of the sexuality and health newsletter written by teens for teens

Planned Parenthood of Wisconsin
http://www.PlannedParenthoodwi.org
The mission of Planned Parenthood of Wisconsin, Inc. is to ensure the right of all individuals to manage their sexual and reproductive health through direct service, education and advocacy.

ReCAPP (Resource Center for Adolescent Pregnancy Prevention)
http://www.etr.org/recapp
ReCAPP provides practical tools and information to effectively reduce sexual risk-taking behaviors. Teachers and Health Educators will find up-to-date, evaluated programming materials to help with their work with teens.

Sexuality Information and Education Council of the United States (SIECUS)
http://www.siecus.org
The Sexuality Information and Education Council of the U.S. (SIECUS) is a national, nonprofit organization which affirms that sexuality is a natural and healthy part of living. SIECUS develops, collects, and disseminates information, promotes comprehensive education about sexuality, and advocates the right of individuals to make responsible sexual choices.

HIV/AIDS Web Sites

(Note: Inclusion on this list does not represent an endorsement of these organizations or their materials by the Department of Public Instruction. We encourage you to investigate your local library, bookstores, schools, youth-serving organizations, faith community, and other web sites for additional resources and information.)

AIDS Education Global Information System (AEGIS)
www.aegis.com
AEGIS is a comprehensive HIV knowledge base which includes AIDS Daily News Summaries; reprints of articles from select national and metropolitan newspapers; a database search engine linked to the National Library of Medicine; select conference summaries and conference calendars; "how-to" papers written for persons newly diagnosed or living with HIV infection; comprehensive links to HIV-related sites.

Advocates for Youth
www.advocatesforyouth.org
Advocates for Youth is dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their reproductive and sexual health. The organization provides information, trainings, and strategic assistance to youth-serving professionals, policy makers, youth activists, and the media.

Body, The
www.thebody.com
The mission of The Body web site is to use the web to lower barriers between patients and clinicians, demystify HIV/AIDS and its treatment, improve patients' quality of life, and foster community through human connections. The site offers extensive and comprehensive HIV/AIDS information and links to numerous resources.

CDC Division of HIV/AIDS Prevention
www.cdc.gov/nchstp/hiv_aids/dhap.htm
The National Center for HIV, STD, and TB Prevention's Division of HIV/AIDS Prevention is responsible for HIV/AIDS prevention. This site offers a range of basic information on topics ranging from prevention and vaccine research to funding opportunities.

CDC National Prevention Information Network (NPIN)
www.cdcnpin.org
NPIN provides information about HIV/AIDS, sexually transmitted diseases (STDs), and tuberculosis (TB) to people and organizations working in prevention, health care, research, and support services. All of NPIN's services are designed to facilitate the sharing of information about education, prevention, published materials and research findings, and news about HIV/AIDS-, STD-, and TB-related trends.

HIV InSite
http://hivinsite.ucsf.edu
The web site includes medical information, prevention education materials, social policy information (including legislation), community and research resources, state-by-state information about HIV/AIDS, etc.

Henry J. Kaiser Family Foundation (HIV/AIDS Program)
www.kff.org/sections.cgi?section=hivaids
The Foundation's work in HIV/AIDS is focused on informing the national policy discussion about the HIV/AIDS epidemic within the context of a changing treatment environment and health care delivery and financing system. Their work focuses on issues of health care coverage, financing, access to care, and prevention, particularly for those increasingly impacted by the epidemic including wormen, people of color, and young people.

Mother's Voice
www.mvoices.org
Mother's Voice is a support and advocacy group for mothers promoting resources for HIV prevention and care and treatment programs.

Wisconsin AIDS/HIV Program
www.dhfs.state.wi.us/AIDS-HIV/index.htm
The Wisconsin AIDS/HIV Program is the lead agency in Wisconsin government responsible for coordinating the state's public health response to the AIDS/HIV epidemic. This web site contains information on surveillance and epidemiological investigation, HIV counseling and testing services, HIV prevention education and risk reduction, life care services and early intervention.

Wisconsin Contacts for Human Growth and Development and Adolescent Pregnancy Prevention

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Elizabeth Burmaster
State Superintendent

New Human Growth and Development (HGD) Requirements: Marriage and Parental Responsibility

2001 Wisconsin Act 16, which modified 118.09 (2) and (2)(e) on human growth and development requirements and created 118.019 (2)(m) of the statutes, states that effective September 1, 2002 school boards that provide instruction in human sexuality and other subjects under (2)(e) shall provide instruction in marriage and parental responsibility. A good website to search for the history of a bill is http://www.legis.state.wi.us/billtext.html.

This addendum offers an opportunity for the HGD Committee to review their HGD curriculum and all subject areas that provide relationship education. It is particularly important in Family and Consumer Education, Health Education, Developmental Guidance, and Teenage Parent programs.

Since the new requirements have cross-disciplinary implications, teachers in these subject areas should discuss ways marriage and parental responsibility fit into their curriculum, so that their combined efforts enhance all students' learning and development. For example, are teenage parents in the schools discussing these issues? How do parental responsibility and marriage education fit into:

- parent-child relationships, parenting, child development, and family living/family relationships courses and/or HGD units in Family and Consumer Education?
- family and community services certification program in Family and Consumer Education?
- family life and HGD portions of Health Education courses?
- relationship units in Developmental Guidance?

The final decision as to what is covered, who delivers that instruction, and the time allocation dedicated to its delivery is up to the local school district. Some of the processes outlined in the 2002 *Human Growth and Development Resource Packet* can be used to facilitate broad discussion of these new requirements and decisions about what to do in your community.

After examining existing curriculum and instruction, you may decide to strengthen aspects of the program to help students meet model academic standards in specific subject areas. Although inclusion on this list does not represent endorsement of the materials by Wisconsin Department of Public Instruction, your staff may find some of the following resources useful in developing a multiple strategy approach to providing instruction on marriage and parental responsibility:

- **Being Yourself Curriculum** by Charlene R. Kamper. Helps younger teens develop an understanding of themselves, and how they relate to people and situations. Ten 1-hour lessons can be presented consecutively or over a period of several weeks. Available through Being Yourself Learning Resources, LLC; 231/759-8300 or http://www.beingyourself.net

- **Can Kids Get Smart About Marriage** by Marline Pearson. National Marriage Project, Rutgers University (2000). Veteran teacher reviews some leading marriage and relationship education programs. A descriptive summary and critical appraisal of eight programs offered in middle and

high school settings. Available through: http://marriage.rutgers.edu or The Dibble Fund, 800/695-7975 or skills@dibblefund.org

- **Connections: Dating and Emotions** by Charlene R. Kamper. Helps teens understand challenges that arise in relationships and what is involved in developing positive relationships. Explores how relationships develop, effective ways to communicate, spotting destructive patterns, dealing with emotions and other essential interpersonal skills. Available through The Dibble Fund, 800/695-7975 or skills@dibblefund.org

- **Connections: Relationships and Marriage** by Charlene R. Kamper. Provides older teens and young adults practical tools for understanding, managing and making wise decisions about relationships, covering topics like self awareness, understanding relationships, communications and conflict. Fifteen 1-hour lessons are divided into four units—Personality, Relationships, Communications and Conflict Resolution, and Marriage—which can be taught individually or sequentially. Available through The Dibble Fund, 800/695-7975 or skills@dibblefund.org

- **Public Education Network: Lessons from the Field** – "Getting Communities Involved in Improving Sexual Health Education." (March 2002). Discusses how local education funds, community agencies, and families gathered information and created partnerships with schools to improve HGD education. Features seven challenges to successful implementation and five indicators of readiness to deliver health education programs.
  http://www.publiceducation.org/cgi-bin/downloadmanager/publications/p100.asp

- **Parents and Children: A Teacher's Guide** (June, 2002) Available soon from the Wisconsin Department of Public Instruction. Curriculum organized around significant parent-child relations questions and the skills needed to address them, e.g., planning and goal setting, ethical reasoning, practical problem-solving, and communicating. Students discuss and practice parenting skills in conjunction with an academically rigorous exploration of child development issues and the conditions needed in family, community, and society to nurture full development. Students engage in authentic individual, family, and community action projects. For more information, contact Sharon Strom, Consultant-FCE, 608/267-9088 or sharon.strom@dpi.state.wi.us

- **The Art of Loving Well.** Helps teens, grades 6-12, develop responsibility through good literature which reveals love and relationships in all their richness and complexity. Contains 41 ethnically diverse selections, both time-honored classics and the best of contemporary adolescent literature. Contains activities that build social and emotional skills, effective communication, critical thinking, decision making, and conflict resolution. For more information, contact Nancy McLaren, Project Director, The Loving Well Project, Boston University, 617/353-4088 or http://www.bu.edu/education/lovingwell/Contact_Us!.html

- **The Course of True Love: Marriage in High School Texts** (1998). A Report to the Nation from the Council on Families, Paul C. Vitz, Principal Investigator. Report reviews high school textbooks used in states that adopt specific health textbooks to determine at the state level what U.S. high schools are teaching teens about love and marriage. Available through the Institute for American Values at 212/246-3942 or http://www.americanvalues.org

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